

In this issue: PUTTING YOURSELF IN THE PATIENT'S PLACE



Wilfred H. Robinson, President-Elect of the American Dental Association.

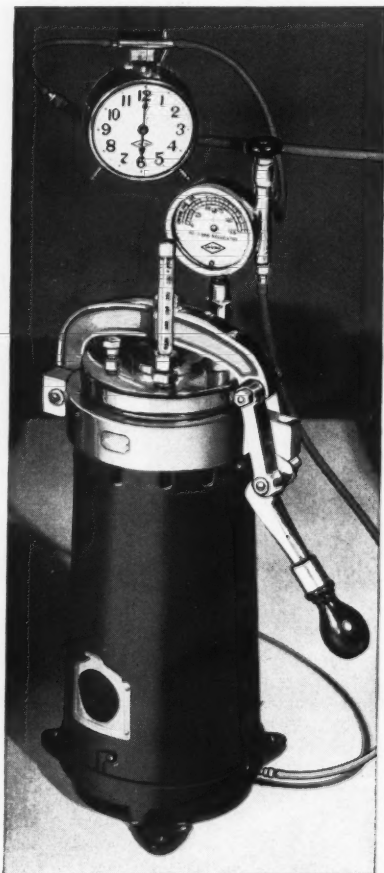
# ORAL HYGIENE

SEPTEMBER, 1940

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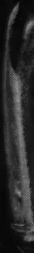
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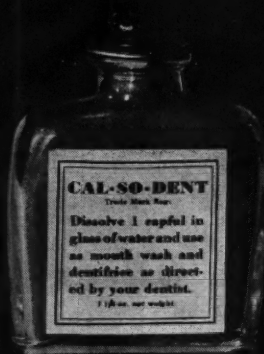
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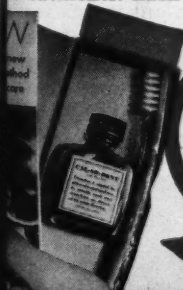
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# *The Publisher's* **CORNER**

By MASS  
Number 231

## **AFTER FIVE YEARS, HE STILL DISAGREES**

EVERY SO OFTEN, ORAL HYGIENE receives evidence that issues are preserved for a long time—that certain articles are remembered and thought about long after we have forgotten them ourselves. That's what happened to Dr. John W. Cooke's article, "Was Grandfather Wrong?" which appeared over five years ago in February, 1935.

Dr. F. C. Runge, CORNER addict practicing up in Houghton, Michigan, disagreed with Doctor Cooke, and started to write a reply. He thought about it some more. The other day, more than five years later, still disagreeing with Doctor Cooke, he completed his reply:

Under the title "Was Grandfather Wrong?" Dr. John W. Cooke propounded a series of questions, and soliloquized in despondent terms on the futility of the fruits of the past fifty years of dentistry. I can hardly believe that these statements come from deep-seated conviction, for though the depression hit us as a class a staggering blow, we are surely not alone in that respect, nor could we expect to be exempt from its effects. His opening statement formulated a queer angle of thought for a dentist: "Dentistry is trying to grow up!" Well, I for one have seen the process of its growing from the time when there were practically no restrictions on practice, to our present status as a learned profession, with strict legal requirements.

In my time, I collected teeth that were scattered far and wide over the floor of my father's office. Father was one of the machine-gun extractors our friend seems to think are a loss to us; and I learned from him a great many things that have been invaluable to me in the forty years I have ministered to the dental troubles of my patients. But, did I know only what I started out with after graduation, had I none of the knowledge and scientific understanding that in the past forty years have been laboriously developed by painstaking effort and research, I would most certainly be lost.

And how dentistry has grown! What a puling infant it was forty years ago by comparison with the exacting mistress of today! I make no apologies for our profession, but have deep pride in her achievements and abiding faith in her destiny. In a word, I am proud to be a dentist. I can see a host of developments in the future, which will dwarf our present accomplishments, and I hope to practice a long

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*(Continued from page 1050)*

time yet, though I am occasionally aware of the weight of my years.

Was grandfather wrong? Not grandfather! He laid the cornerstone of our craft, and could he come back and see the skyscraper we have reared on his little foundation, he would be happy. Of course there are faults in dentistry. Can anyone point to any line of endeavor in which faults do not exist; and can he point out any which has made greater progress than dentistry in the same period of time?

A few years ago a Boston millionaire who had interests in our local copper industry asked me to examine an inlay he thought was loose. It was not, and I so informed him, but had he asked me if he was in need of dental attention, he would have received the shock of his life. I say this because he went on to tell me of the wonderful dentist he employed at home, in the Back Bay district. Because this wealthy man had about as poor a collection of dental junk as I ever saw in a mouth, most of which was crying for attention and replacement, did I at once conclude that this was a fair sample of what dentistry in that exclusive section meant? I did not. I am sure that there are dentists who, to put it mildly, have missed their calling, and that just because a man is wealthy does not insure him the ability to select a good dentist. But I am certain that the average of ability in our profession is at least as high as in any other.

In our practice in a manufacturing town of the Nineties, Father and I extracted all the teeth from the mouths of boys and girls of from sixteen to twenty-one. This was partly owing to our inability at the time to cope with the problem of caries, but more to the inability of the patients to pay for the other types of service. Compare this to the demands made today for really efficient restorations of decayed teeth and bridges of all types, and the desire of the average man and woman to retain their own dental organs whenever possible.

With the demands upon us we have developed greater ability to meet them, but the method of serving as required entails greater costs. In what line may I ask—except where volume production is possible—is that not true? The patients who come to us for relief of pain and for painless extraction expect more, and expect to pay more. Why should people who enjoy electric refrigeration, electric cooking appliances, modern homes, automobiles, motion pictures, radios, and a host of other comforts and pleasures, be expected to be receptive to the idea of kitchen-chair dentistry, early edentulousness, with the attendant marring of facial symmetry, and the miscalled "dentures" of grandfather's day? Don't you believe it, Doctor; you couldn't get them to take it as a gift, and as for paying for it—well, that would be too much to expect.

Why hasten the edentulous period? What is there to gain? You

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(Continued from page 1054)

speak of the difficulties of prosthesis, but I don't believe you will insist that all the problems are incident to the later years.

Why be so concerned about the economic obligation to the patient? Have you not discharged this when you give the patient your best service to save teeth for twenty or more years beyond the time when grandfather would have removed all of them? Have you not given them more for every dollar than they ever get for the radio, auto, or beauty-treatment dollar? I don't believe you have not, and I know I have. When they go to the grocer, butcher, auto salesman, et al., do they expect the price to be made to fit their purchasing power? They do not. They know they will get only what they can pay for. But you know and I know that, when the rest of the sellers have gotten theirs, we will almost invite patients to come in and see how far we can stretch the remaining nickels. For we do compete with these others whether we like it or not, and we will continue to do so. Is not a painless and competent extraction of a tooth a surgical operation, and worth a decent fee? Make it a gift on the basis that it is a little matter and you belittle its value. Do the auto mechanics kid you or themselves as to the value of time, materials, and skill when they send you their bills? I'd like to meet one who does.

And another thing, Doctor—*permanent* is a bad word. What is permanent in our physical life? Health? No—and our sister profession never belittles herself by so pretending. We exhaust food, fuel, clothing, shoes, cars, houses, everything we use. Why should a filling, an inlay, or a denture be expected to be permanent? One reason is that we have fostered the idea that we could do better than the Creator.

Doctor Haskell of Chicago told my class in '97 that no denture should be expected to remain a good fit for more than five years. A great many men whose skill and experience is greater than mine are agreed that there is no such thing as a permanent denture—that tissue changes make dentures a misfit in a relatively short time, and that ill-fitting dentures hasten resorption.

You know it is human to value things in proportion to their cost. Does that explain why so many people think so little of dentistry? Of course a conscientious dentist will do his work in such fashion that the patient will get the greatest possible service from it. But the practice of rendering dental services for low fees and letting the patient infer that years of service are to be expected is very wrong.

Was grandfather wrong? No, sir! He was a fine fellow, but he was only the first rung in the ladder. Why, he used porous plasters; he died of "inflammation of the bowels," not knowing that he had appendicitis; he carried a dried horse chestnut and wore red flannel underwear for the cure of rheumatism. But, God bless him, he *started* dentistry, and long may he wave—red underwear and all.

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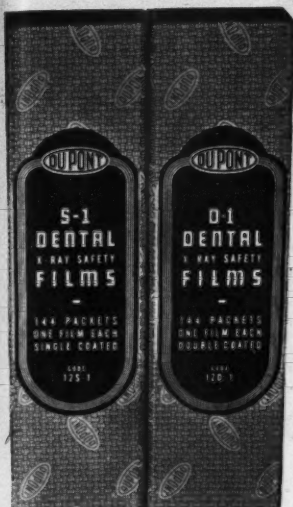
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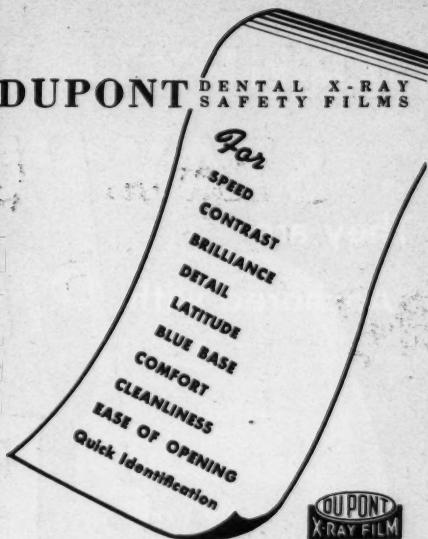
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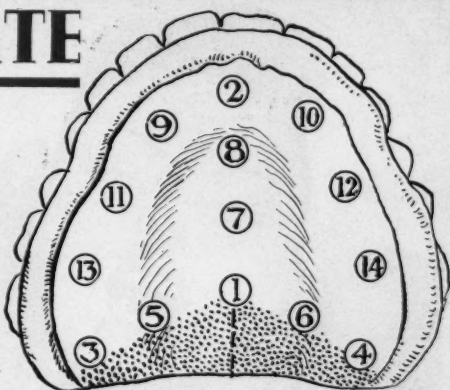
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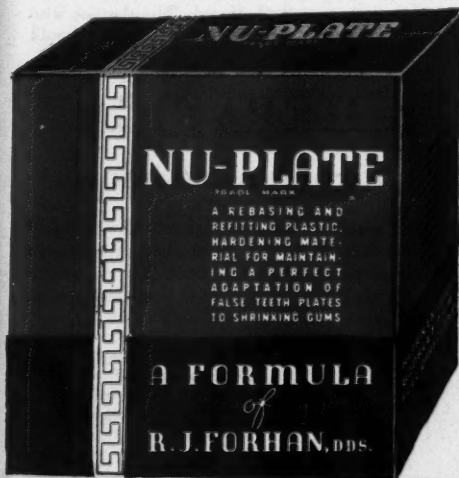
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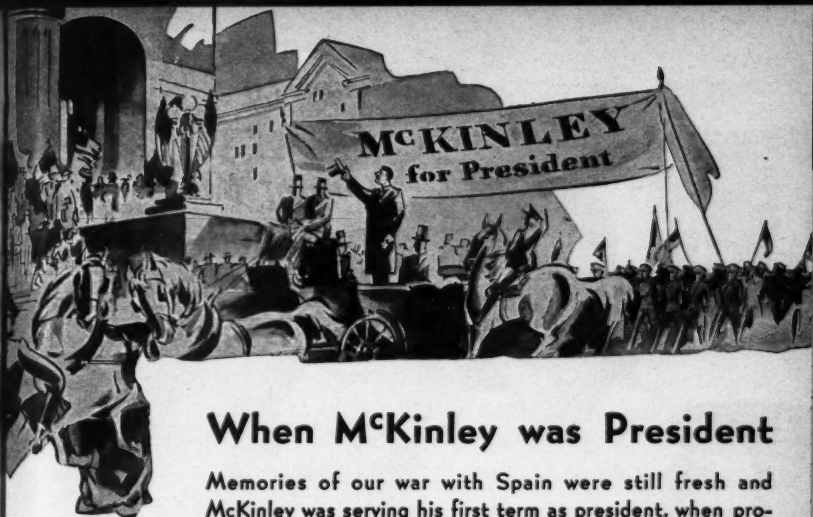


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SEPTEMBER  
1940

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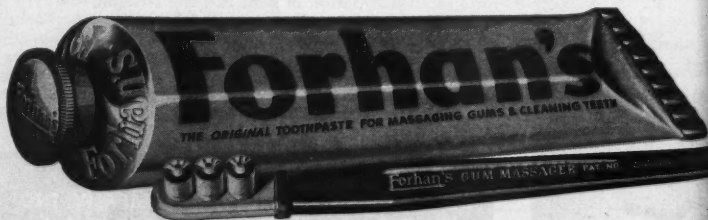
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## ONE DENTIST'S WIFE

by S. A. ALLEN, D.D.S.

MY EDITOR has just given me an assignment which is a bit of a new departure for ORAL HYGIENE, but one which I find myself enjoying to the hilt.

The subject matter is Irene Dunne, the wife of Francis D. Griffin, D.D.S., graduate of the Dental Department of the University of Pennsylvania, to whom she was married before the beginning of her motion picture career.

Elsa Maxwell recently placed Irene Dunne first in her list of the ten greatest women of the contemporary world. People are interested in the ingredients which make her so, and the story of her childhood in Madison, Indiana, education at Loretto Academy in Saint Louis, and subsequent musical training at the Chicago Musical College has often been told in the public prints.

As a rule, publicity writers crave more exciting material than that offered them by Miss Dunne's very busy and very nor-

mal way of life. But it looks to me as though she gets along surprisingly well without any of the sensationalism which seems to be the staff of life to many of her contemporaries. In fact, I'll venture the platitude that she strengthens the structure of her fame through observing the real and more lasting essentials of success: strict attention to the picture in the making, appreciation of everyday events which

"I am actually looking forward to the leisure of the so-called period of old age for having the time of my life!" Irene Dunne confided to ORAL HYGIENE'S correspondent when she told him how a dentist's wife, who is also a famous movie star, spends her time between pictures.



*Irene Dunne, wife of Francis D. Griffin, D.D.S. (Photograph by Ray Jones, Universal Pictures.)*

make people laugh, and attention to the rules of good health.

In my interview I found out that while she is making a picture she dismisses all social engagements from her scheme of things. Every effort, every hour,

every thought is devoted to the picture at hand, and late hours have no place in this strict regime.

A large part of this world knows that Irene Dunne appeared in the following out-



standing productions, among the many pictures which she has made: "Cimarron," "Back Street," "Robert," "Theodora Goes Wild," "Magnificent Obsession," "Joy of Living," "Showboat," "The Awful Truth," "Love Affair," and the now current uproarious RKO comedy, "My Favorite Wife," with Cary Grant.

What may not be so generally known is that she is five feet and five inches tall, plays golf, keeps up her study of singing, loves sun baths, and takes long walks with her big police dog, "Colonel"; that she loses her mind over two things—nice shoes and a wide variety of perfume; that she and Doctor Griffin have built a charming home in Holmby Hills; that she is completely sold on airplane travel, but goes into raptures over a white satin dress!

The picture world also knows that good clothes look unbelievably well on her, but not everyone knows that there are many heated arguments over the color of her eyes. They are grey! No, they are blue! No, they are brown, flaked with gold! My guess is that we can get together on this—they just aren't the same color every day, and really have that interesting quality of uncertainty.

Miss Dunne has been blessed with beautiful, strong teeth. Because she is impressed with their aesthetic and physical importance in her work and her health, and no doubt because her husband has emphasized the necessity for good care, her teeth are

examined at regular intervals.

She does not smoke nor sleep late. She likes baseball and football and loves to dance, but after the game or the party, more times than not she prefers to go home to concoct her own midnight supper, and this is as good a place as any to state that she really does like to cook, and all the publicity folks can do about it is to admit it and eat the evidence.

During my beating around the Hollywood bush I learned that there is a rumor that Miss Dunne knits, but I must admit that in this department her usual top rating drops several points. "They" tell me she will start, say, a sleeve for a sweater, and work on it during those much talked of pauses in the making of a picture, when the cameraman goes into a prolonged huddle with the electricians on lighting effects. Well, before the picture is finished, the sleeve will have lost its arm-like identity entirely and one of the prop boys will be seen wearing it around his neck under the now well-established classification of a "Dunne-doodle."

Miss Dunne has quite an extensive, rather informal garden and, like all gardeners, has her special pets among the flowers. In her case they are gardenias, camellias, dahlias and many varieties of begonias. Behind her love for flowers is that mysterious something which she expresses so well in saying:

"When I get down on the ground and grub around in the



flower beds, this planting and tending does something for me. People miss a great deal who do not have a garden and the opportunity actually to handle the soil."

With her keen flair for comedy and delightful sense of humor, Miss Dunne carries a rather remarkable ballast of thoughtful intelligence and good old-fashioned "horse sense." She has an idea which I think should be linked to those forces of modern science devoted to staving off old age. She says:

"I am actually looking forward to the leisure of the so-called period of old age for having the time of my life!" Sounded a little over-buoyant to me, too, until I remembered that this little lady has made other strong resolutions *and kept them!*

We admire her here because she is the accomplished wife of Doctor Griffin; because, despite fabled, hectic Hollywood, she has not permitted her unusual attainments and the many demands of her career to change her love for her home, to stop her digging in her garden, or to take her away from playing the piano and singing to their little adopted daughter, five-year-old Mary Frances.

We congratulate Irene Dunne for her great achievement, her sanity, for that practical bit of philosophy in her youthful attitude toward the bugaboo of age, and for having chosen a member of our profession as her husband!

232 North Orange  
Glendale, California

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## NATIONAL DEFENSE COMMITTEE APPOINTED

To aid in listing the nation's colored dentists who can qualify for military service, a National Defense Committee has been appointed, according to an announcement by Doctor Waldo Howard, Houston, Texas, President of the National Dental Association. This committee will cooperate with the American Dental Association, War and Navy Departments, the U. S. Public Health Service, and the recently created President's National Defense Council. Doctor C. Thurston Ferebee, Washington, D. C., a First Lieutenant in the Dental Corps, Army Reserve, was named chairman of this defense committee. Doctor Ferebee reports that the 2,000 Negro dentists in this country will be mailed forms requesting detailed, confidential information about their professional qualifications and military experience. Complete data obtained on these forms will be made available to the Federal Government.

# *The Pediatrician and the Dentist Working Together*

by FRANK HOWARD RICHARDSON, M.D.\*

IT IS NOT NECESSARY to recite startling statistics regarding the number of cavities found in the mouth of the average child. Such statistics simply deepen the conviction already held that dental decay is present in really shocking proportions among children; and that the physician has not done his full duty to his child patients until he has not only determined their dental condition, but has arranged to get them into the hands of the dentist who is to correct it.

We need not inquire here into the much discussed causes of dental caries. Most of us believe that the demineralized, devitalized, and devitalized diet of soft-cooked, high-sugar-content foods has much to do with it; and the physician's duty is of course to improve this. But a large part of his problem has to do with early detection of tooth decay as part of the complete, top-to-toe examination that is being advocated as the right of every child.

Any physician making an examination of a child will look into his mouth, with an eye for any abnormal conditions of

teeth, tongue, gums, hard and soft palate, pharynx, and tonsils. Of course he will detect and note the presence of carious teeth, gross discoloration by plaques, deposits of food or tartar. And, of course, he will try to refer him to a dentist for treatment. But that is about as much as most physicians ever think of doing in the way of a dental examination in a child on whom they are doing a "complete check-up."

Frank H. Richardson, nationally known pediatrician, offers a practical plan for bringing the dentist and physician together for the treatment of children and concludes "The examination of every child in the pediatrician's care by a competent dentist, who considers it his duty to give the time and effort necessary for a complete examination, is the minimum with which the pediatrician, who treats children today, ought to be satisfied."

\*Licentiate American Board of Pediatrics.

Now obviously this is *not* enough—for two reasons. The first is that dentistry has long since become a specialty; and it is a specialty that differs from many of the other medical specialties in that it cannot any longer be practiced, even attempted, by the general medical practitioner. To be sure, he knows a little about the average time of eruption of the various teeth; he should know the reasons for retaining deciduous teeth as long as possible in order to hold the space for the permanent teeth that are to follow; and he ought to be able and willing to instruct patients in the proper use of the toothbrush. But he is fooling himself and his patients if he attempts to perform a dental examination and appraisal as part of a complete physical examination.

The other reason is that any examination that is not followed up almost immediately by adequate treatment is little or no better than no examination at all. And it is the common experience of physicians who refer patients to the dentist, that it is commoner for them *not* to arrive at his office than it is for them to get there.

The main difficulty in the experience of most physicians has been to get the child actually to make his first visit to the dentist. For if that can once be done, and the dentist is not only competent, but also is successful in his approach to children, the examination is assured, and the

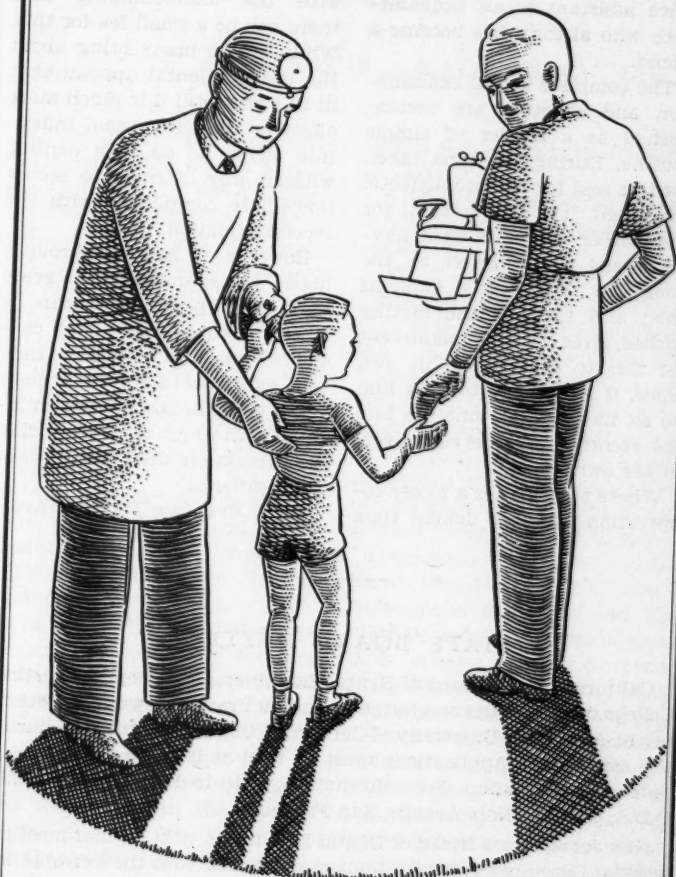
follow-up almost as certain.

One physician and his dental confrere worked out a plan for bringing about this initial meeting. They chose one hour in the week in which the physician was out of his office, though his office assistant was there as usual. An informal dental office was improvised in the treatment room, by placing a chair with a rather high seat (the legs of which had been lengthened by a carpenter) directly facing the window.

The dentist brought along a portable dental kit and engine that he had used to do school dentistry. He plugged in his engine and the physician's sterilizer, using a base plug adjacent to the sink. Paper cups and towels completed the equipment; and the office secretary acted as his office assistant.

Mothers of his child patients are given appointment cards by the physician on which the time is indicated for a dental examination and "prophylactic treatment," quite as a matter of course. As virtually every child seen will be benefited by such a treatment, which removes plaques and tartar, and gives an opportunity for instruction in brushing the teeth and massaging the gums, no particular explanation is necessary in order to get parents to avail themselves of this opportunity.

This method of bringing about the initial meeting between dentist, and mother and child, is ideal. Other children are in the waiting room or on the play-



*The indefinite advice "to go to a dentist" is not enough. A pediatrician should see that every child visits a dentist promptly.*

ground outside, having a good time; and everyone can see that no child is being hurt. The surroundings are familiar; and the office assistant is an acquaintance who already has become a friend.

The complete dental examination and charting are accomplished as a matter of simple routine. During the time taken for this and for the prophylactic treatment, it is only natural for the mother to inquire what service needs to be given to the youngster. The dentist explains this; and then, if the mother wishes, gives her an appointment for this to be done in his own office. If she wishes to have him do so, he sends his findings and the record of the service given, to her own dentist.

Where this implies a closer cooperation with one dentist than

may seem advisable, it may be helpful for the physician to refer the child to the dentist's office for a prophylactic treatment, with the understanding that there will be a small fee for this. While not so many bring about the desired dental appointment in this way, still it is much more effective than the usual indefinite advice to go to a dentist, without any attempt to secure immediate compliance with the recommendation.

However it may be brought about, the examination of every child in the pediatrician's care by a competent dentist, who considers it his duty to give the time and effort necessary for a complete examination, is the minimum with which the pediatrician who treats children today ought to be satisfied.

*Black Mountain, North Carolina*

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### STATE BOARD MEETINGS

California State Board of Dental Examiners, next regular meeting, College of Physicians and Surgeons in San Francisco, week of December 16. Also at the University of California, College of Dentistry, during the same week. Applications must be filed at least 20 days prior to date of examination. For information write to Kenneth I. Nesbitt, D.D.S., 515 Van Ness Avenue, San Francisco.

New Jersey State Board of Dental Examiners, next regular meeting, week of December 9. Applications must be filed with the examination fee of \$25.00 with the secretary, Walter A. Wilson, D.D.S., 148 West State Street, Trenton.

# FLYING OVER CENTRAL AMERICA

by TRAVIS E. KALLENBACH, D.D.S.

LONG BEFORE starting on my Central American flight last April, I was warned that it was a dangerous undertaking fraught with numerous hazards and that many had gone down in the wilderness and never were heard from again. Among the hazards mentioned were meteorological conditions so entirely different from those in the United States, such as sudden tropical storms, tricky winds of high velocity, high cloud formations over which I could not fly. Also topographical conditions were different; rugged steep mountains, narrow mountain passes, impenetrable jungles, swamps and water-hops.

I immediately started intensive preparation and study for this adventure that I was determined to make a successful one. During many long nights I studied meteorological data of that part of this hemisphere, the maps that I had obtained from the Hydrographic Office of the U. S. Navy, the topography of the country, principles of navigation and instrument flight, and the plotting of courses.

Further preparation was necessary to arrange for adequate supplies for my plane at proper in-

tervals and weather reports, such as they were.

It was also essential to establish diplomatic relations with the countries over which I expected to fly. Because of much foreign infiltration, "fifth column" activities and foreign sympathizers, the motives of the outsider are naturally looked upon with a certain amount of suspicion, particularly so when he is alone in a private plane and not on a scheduled route, which means that he can go wherever he might like to without being observed closely.

I wrote to the different legations, Ministers of War, Civil Aeronautics Authority and the State Department in Washington, D. C., consuls and the Governor of the Panama Canal Zone to establish my intentions as a visitor seeking an adventurous vacation and to secure official documents; thus avoiding the possibility of being unnecessarily detained or turned back along the way. Much time was also consumed in studying Spanish, so that I might be able to talk with as many different people as possible.

Finally, confident that my plane, official papers, and preparations were complete, I took off



from Lambert Field, Saint Louis, certain in my mind that at the end of six weeks I would return to land again as I had done many times before.

In Texas, my second day away, it was necessary to lay over for minor repair to a wing, which was slightly damaged while I was taxiing up to the fuel pumps. Shortly, I made my actual start from Brownsville, Texas, on my 10,000 mile journey through Latin America. My Rearwin Monoplane being new, I anticipated no trouble, but as a protective measure against fire and the inevitable, I had taken along my new parachute. My crash equipment was planned elaborately so that if I had to, for some unforeseen reason, land in the jungle I would be able to protect myself and live. In the plane was a machete to cut a clearing out of the dense, black, twisted jungle, so as to establish some sort of a refuge, until I might be found or locate a river, some exit to the outside. Included in my equipment was a complete supply of medicines to combat diseases and infections, mosquito netting, ample food, fish hooks and line, knives, guns, and 100 rounds of ammunition, which I'm glad to say I didn't need.

The ship was equipped with a radio and had a 600 mile cruising radius, the tanks being loaded with 31 gallons of gasoline. I carried an extra three gallons in a can in the baggage space. My total gross load was slightly in excess of my maximum allowed weight,

being 224 pounds, besides my own weight.

Going down the east coast of Mexico, my first morning out of Brownsville, I flew with the Gulf on my left side. The five hundred miles to Vera Cruz was rather monotonous, so I used the time to rehearse certain habit responses, which I had fixed in my mind. I refueled at Tampico and continued to Vera Cruz arriving there in the afternoon. Accommodations promised to be better there than at Minatitlan, so I remained. My plans to continue the next morning were thwarted by a "norther" with a velocity of 70 miles per hour wind and severe storms. Knowing that I had to go over and around the treacherous San Martin mountains where many have cracked up because of bad winds and sudden storms, I waited until the following day when the weather cleared, although the San Martin range is seldom free from low clouds and turbulence.

On my way to Minatitlan, Mexico, I successfully negotiated the hazardous San Martin range where two weeks before an airliner had cracked up. It was a beautiful and interesting stretch. Below me I could see numerous rivers running out of the mountains and dense jungle, and frequently the gushing streams turned into waterfalls which thrilled me by their wildness and remoteness from civilization.

At Minatitlan, the last town on the Atlantic side before crossing



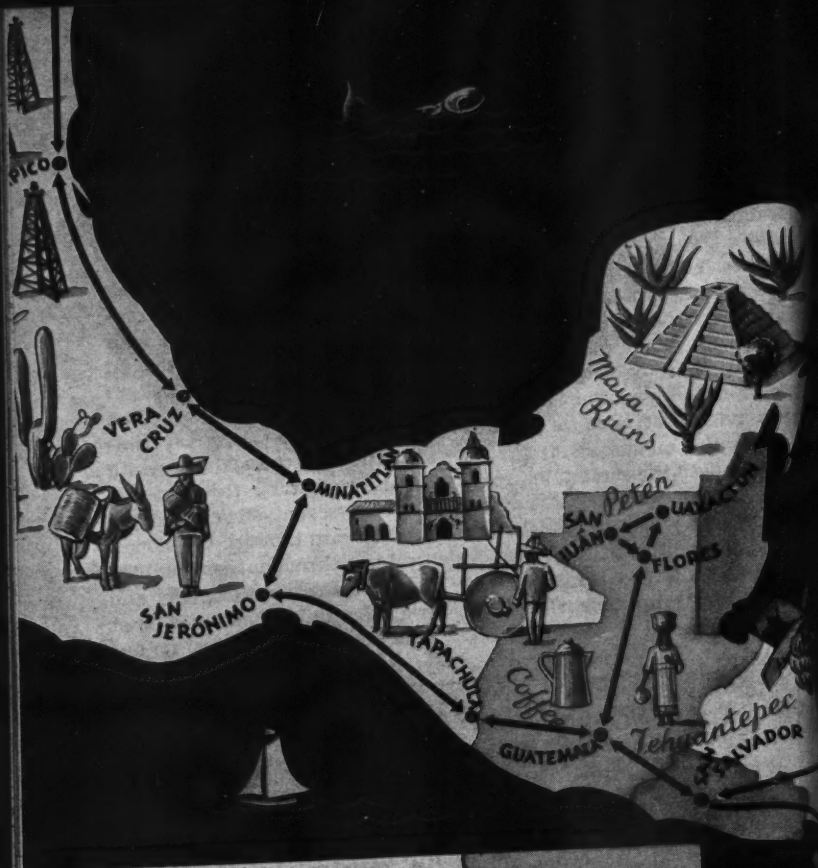
the hazardous Isthmus of Tehuantepec to the Pacific side, and a dilapidated town of 10,000 natives, I refueled and checked weather reports from Mexico City and Tapachula on the Pacific side.

The hop, from Minatitlan across, I had been warned, was a dangerous one, and I was cautioned in "flight parlance," "Do not attempt to hedge-hop that pass—fly it high." The isthmus is the narrowest part of Mexico where the mountains from the north meet the mountains from the south, forming a narrow steep pass through which the winds from the Atlantic collide furiously with those from the Pacific, setting up violent air currents.

The weather on the Atlantic side was unfavorable and discouraging, but the reports from the Pacific were "clear and unlimited." A drizzle and low clouds prevailed as I started, but having plotted my course exactly for 192°, after allowances were made for wind drift and magnetic variations, I figured that an hour and twenty minutes "on top" of the clouds on instrument flight would take me directly over San Jeronimo. After taking off, I immediately set the stabilizer with the nose upward for a steady climb at seventy-five miles per hour upward through the clouds, breaking through them at 6800 feet into the clear blue sky and bright sunshine. Bad currents of wind compelled me to go up an-

Travis E. Kallenbach, dentist-aviator of Saint Louis, gives an eye-witness account of his 10,000 mile solo flight over the wilds of Central America and Panama. Last month he told how Nazi penetration and fifth column activities are affecting our neighbors to the South. In these pages he describes his thrilling search for adventure along routes marked by awesome volcanoes, tricky winds of high velocity, and impenetrable jungles. Finding many errors in

maps of altitudes and location of mountains and airports, Doctor Kallenbach is now planning to make a detailed report of his observations for the benefit of other aviators who will follow the trail he has pioneered. In a forthcoming issue he will tell about conversations he had with dentists, physicians, U. S. Army officers, members of Castilian aristocracy and native Indians, and his observations on dental and living conditions in Central America.



KALLENBACH  
*Airplane Flight*  
through  
CENTRAL AMERICA



other 1700 feet where it was placid. In such a situation a sense of unreality can scarcely be avoided—the clear sky above showed no signs of the perilous winds below, and the billowy clouds blanketed from my view the rugged mountain peaks.

After flying "on top" for an hour and twenty minutes as I had planned and sure that I was over the valley, past the mountains, yet not out over the Pacific Ocean, I descended to 4000 feet, where the clouds were broken and, through the holes in them, I spotted San Jeronimo, the town which was my landmark for turning southward along the coast. I loudly rejoiced over my victory, and the sight before me seemed immeasurably beautiful. Situations such as this one represent the extreme importance of "being right" and "belief in self"; that is, an absolute adherence to the flying course determined upon with no wavering or indecision. It also explains why careful study and adequate preparation are necessary for successful flights.

### Primitive Airport

I continued along the coast southward which is paralleled by jungles, lagoons, and mountains to Tapachula, Mexico, the last town before crossing the border. Somewhat primitive conditions prevail here. Though this is an essential stop for presenting passports and official documents, the airport consisted of a grass clearing surrounded by pineapple groves with small open shacks

with thatched roofs. Fuel supplies were in barrels. Shy Indians crept up cautiously, others would not venture farther than the edge of the pineapples. After friendly greetings and smiles, I managed to get them to pose for pictures. Officials of the post, I soon learned, taxi out at the expense of the traveller and upon arrival present innumerable obstacles to "departure" unless a "compensation" is forthcoming. There is nothing one can do to change the setup, so it's best to be patient, avoiding fines and arrest, if possible. The "best hotel" offered little comfort and less protection. Neither food, water, nor lodging gave me much satisfaction. But the native proprietor was not to be jogged out of his comfortable groove. He remained calm and only shook his head in response to my most voluble complaints. It was with relief that I departed from Mexico where minor politics, refusing to follow regulations of the central government, hamper the use of official papers and set up new rules at will.

Weather reports were not good but I was glad to be on my way to Central America. This land of unique countries is dotted with colorful cities, primitive jungles, rough mountains, abundant vegetation, and its bleak volcanoes are frequently made beautiful by crater lakes. It is populated by aristocratic Castilians, poverty-stricken peons, and malnourished but carefree Indians. Each country has for its modern activities a capital city, which is both beau-

iful and efficient. But few advantages have come to the 80 to 95 per cent of the population that is native Indian.

My path into Guatemala followed the coast girded by Sierra Madre Mountains. I came in sight of volcanoes with azure lakes nestling in their crests, as I turned toward Guatemala City, which is at an altitude of 5000 feet. Here La Aurora Airport is a welcome sight, efficiently equipped and managed, and the pastel-tinted buildings of the city present a most attractive appearance. I was forced to pass up interesting markets attended by gaily dressed natives, as I anticipated a longer stop on my return as well as a trip into the northern Guatemalan jungle-regions of Petén.

With only the necessary delay for refueling, weather reports, official transactions and rest, I flew on toward my ultimate objective—the Panama jungles.

### Volcanoes Everywhere

This is the land of volcanoes—they are typical of the whole area and appear in varied shapes and sizes. Many, such as Poas, Momotombo and Irazu, are still boiling and seething and continually emit smoke, which serves as a guide to an itinerant flyer in a land without cross-country highways, railroads, or telephone poles. By day they are helpful weather vanes that show wind direction and, at night, as beacons they glow radiantly, lighting the sky and mountains.

I learned that the natives who live on the slopes of the volcanoes do not fear them as long as they smoke, inasmuch as this provides an escape valve—if one of them should cease emitting smoke, the natives will leave and seek shelter far away. Also, I observed that in some places the side of a mountain had been blown away as it seemed and, upon inquiry, learned that frequently a volcano will erupt from the side close to its base instead of through the old crater of previous eruptions.

Following on southward along the coast toward El Salvador, I flew at an altitude of 300 to 500 feet over many small Indian villages situated along jungle rivers leading out to the sea. On the beach, at various intervals, I observed groups of Indians that had come down in their small craft to swim and revel there for awhile. I felt an increasingly intense desire to land on the beach and play with them. Finally, as I neared the border of El Salvador, a large group of brown bodies scampering in and out of the water appeared before me and the desire overcame me. I circled twice, decreasing my altitude each time. To thoroughly inspect the beach as a landing field and to observe whether the Indians seemed friendly, I flew over them and the beach at fifty feet, lifted again to circle, then landed. They did not flee as one might expect them to, but were very curious about me and the plane. Two of the men who had had some dealings with the white man spoke

some Spanish, so I informed them that I was a visitor, meant them no harm, and wanted to swim with them. They were agreeable and hospitable, particularly so after I gave them some of the trinkets that I carried for such an emergency. It was a happy group, romping and jumping in the water—women, children and men—their brown bodies glistening in the sunlight. After about thirty minutes of jollity and an inspection of their simple water craft, I said "*hasta luego*" and took off again, arriving in San Salvador early in the afternoon.

#### Errors in Maps

As I approached Ilopango Airport, I noted several errors on the map—a misplaced volcano and town and a railroad incorrectly located. Coming into San Salvador seems like coming in the back door, the course leading far around the volcano San Salvador, then back into the city. This capital city is populated by Castilians, descendants of Spanish aristocrats. They are the chief landowners and control much of the business. The natives, however, are of good stock. Indian blood predominates, though there is evidence of Spanish inheritance also. There has been no intermingling with negroes nor with the yellow race. The government of El Salvador has provided a small piece of land for each family, which is their own, but may not be sold. If there is no one to inherit it, it reverts to the government and is again allotted to

someone else; hence the unemployment situation is taken care of. Natives live in contentment, though not in comfort. This country is becoming a center of interest to archeologists. Excavations are being made not more than 30 miles from San Salvador, which give promise of bringing to light the last great stronghold of the Mayas, a city of more than 15 square miles.

After enjoying the generous hospitality of friends I had made and spending a day at Lake Coatapeque, a crater lake lying high among volcanoes, I continued my journey to Nicaragua.

Continuing on to Managua, Nicaragua, where my friend Colonel Mullins is training Nicaraguan officers at the Campo del Marte, I passed a week-end. Saturday I spent with friends whom I had made upon arrival there, at Mr. Chimoro's ranch situated on Lake Nicaragua—an ideal spot where one could live the rest of his days in real contentment and peace.

Our host and hostess provided entertainment for forty guests with an orchestra for dancing in the ranch house, a private rodeo which was staged by the ranch hands and cowboys, bathing, hunting alligators and iguana. It was my introduction to iguana, which is considered quite a delicacy. This giant lizard has brilliant coloring, and its long striped tail and horns flapping along the spine give it the appearance of a museum fossil. Those we shot were from three to five feet long



We in the United States are aware of political and governmental unrest in Nicaragua; the frequent dissensions among leaders of native groups have led to internal strife. Natives here live in the most squalid and sordid conditions and are victims of all the disease prevalent in unhygienic areas.

Flying along Lake Nicaragua, up over the plateau and across the mountains, I made my exit easily from the country and soon reached Puerto de Puntarenas in Costa Rica. This busy post receives the products carried by railroad to and from the capital, San Jose, which is set in a broad beautiful valley at 3800 feet and has an excellent climate. The temperature ranges from 70° to 85° the year round.

Sabana Airport at San Jose is one of the most modern in Central America. It was dedicated and put into use only two weeks prior to my arrival there.

### Natives Progressive

The natives are among the most progressive in Central America and there has been little strife among the Indians, who show strong Spanish influence and are a smiling vivacious group.

From the beautiful airport at San Jose, I followed the pass through and over the Talamanca Mountains to the coast. The volcano of Chiriqui loomed up as I approached Panama. My first stop was a brief one at David in the hot lowlands of the West Coast before I reached Panama

City, where Albrook field is the military post.

I crossed to France Field on the Caribbean side to make ready for a jungle flight and some unusual spots of Panama. The first of these, a short way up the coast, is Porto Bello. A city of interesting ruins, it was once a stronghold of the Spaniards. Ships landed here to be filled with rich cargo for Spain. Much of the gold found in Peru and lower Colombia was brought by the enterprising Spaniards through the Darien jungles from the Pacific side, on mules, and stored in fortress-like structures in the port city. This wealth attracted the leader of the buccaneers and pirates, Henry Morgan, who in 1670 led his men into old Panama City and then, despite dissensions in his ranks, succeeded in pursuing the Spaniards all the way to Porto Bello, which he looted and raided, leaving the ruins that I saw there. On his return to England, Morgan was received with honor, given his title, and sent as governor to Jamaica where he enjoyed his wealth and helped to suppress the activities of those who dared to follow his earlier example.

Beyond this city of ruins is the northern coastal strip as well as many islands that belong to the San Blas Indians, who, by revolting against the Republic of Panama, have preserved their purity of race and remain isolated from other natives.

They are classed among the world's best navigators, fre-

quently making the trip to Colon, a hundred miles away, up the coast, on the open Carribean, braving its hazards in their small cayucas. Their cayucas are about 20 feet long, made from large mahogany logs, charred and dug out, shaped like canoes, except for the fin-like ends. In these, often a sail is erected, making the craft even more tricky to handle. Being expert swimmers, a San Blas Indian has never been known to have drowned.

### Spanish Trails

Following up old Spanish trails, I came to Darien, the narrow strip of land that ties Central and South America together. Here I saw dense jungle that had not been penetrated by white men since the Spaniards cut their way meticulously through to carry their hoards to Porto Bello in the sixteenth century. I flew over the Darien Mountains about 50 miles to Yavisa on the Gulf of Panama. This is the only point of even semi-civilization in a vast jungle; besides the natives there are an American, who has lived there for 30 years, one Spaniard, and many renegade negroes. I circled south along the lower branch of the Chucanaque river over dense forests. In occasional clearings in the jungle I could see Indian villages, which I knew it would be unwise to visit. These areas are inhabited by real savages, head-hunters, whose leaders need seven heads in their belts to become chiefs. Some of these heads I saw in the markets of Colon, preserved

by a special process of sand baking.

Back again at France Field, I prepared for more personal jungle investigations. In the company of American Army friends I made a trip in a cayuca on the Chagres River where tarpon fishing is in vogue. I succeeded in landing two, one weighing 80 and the other 85 pounds. The second fish was a "good fighter," breaking water eleven times.

On horseback we spent a day cutting our way through dense foliage and stayed the night about twenty miles inside the jungle. Vines and grass close over the trail almost immediately after they are cut. And the masses of yellow, purple, and red, which I had seen from the air, turned out to be flowers that bloom in profusion on the trees. There were also plenty of monkeys in the jungle as well as parrots, macaws, parakeets, and snakes, which did not molest us but were more interested in getting away to safety.

Besides the weird and beautiful jungles, I had seen much during the ten days spent in Panama that is unfamiliar to many Americans, who think that going to Panama means merely a trip through the Canal.

As my vacation was nearing an end, I left this interesting region knowing that I would some time return. From day to day, I had made many notes for the correction of maps regarding altitudes, mountains, location of airports, interesting isolated spots, and diplomatic arrangements. Col-

onel Mullins of the United States Army has asked me to prepare a detailed report of my observations for the use of officials. On my next flight to Central America I also expect to make good use of this material.

Along the way I enjoyed the generous and friendly hospitality of residents who showed their kindly interest in the "flying dentist." Opportunities were thus

provided for meeting dentists and talking with them about the dental and general physical conditions of the natives and the relation of these to their diet and living conditions. In a later issue I plan to tell the readers of ORAL HYGIENE something about this angle of my Latin American trip.

*Beaumont Medical Building  
Saint Louis, Missouri*

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### DENTAL MEETING DATES

Ninth District Dental Society of Pennsylvania (Old Lake Erie), annual meeting, Bartlett Hotel, Cambridge Springs, September 27-28.

University of Buffalo Dental Alumni Association, fortieth annual meeting, Hotel Statler, Buffalo, New York, October 8-10.

American Association for the Advancement of Oral Diagnosis, annual meeting, Academy of Medicine Building, 2 East 103rd Street, New York City, October 17-18.

Odontological Society of Western Pennsylvania, Fall meeting, William Penn Hotel, Pittsburgh, October 22-24.

American Society for the Advancement of General Anesthesia in Dentistry, regular meeting, Midston House, New York City, October 28.

Mid-Continent Dental Congress, Hotel Jefferson, St. Louis, Missouri, October 27-30.

Greater New York Meeting, Hotel Pennsylvania, New York City, December 2-6.

The Greater Philadelphia Dental Society, annual meeting, Benjamin Franklin Hotel, Philadelphia, February 4-7, 1941.

The Dental Society of the State of New York, annual meeting, Hotel Statler, Buffalo, May 13-16, 1941.

Georgia State Dental Association, seventy-third annual meeting, Hotel DeSoto, Savannah, May 19-21, 1941.

# *Putting Yourself in* **THE PATIENT'S PLACE**

by MARI B. ROBERTS

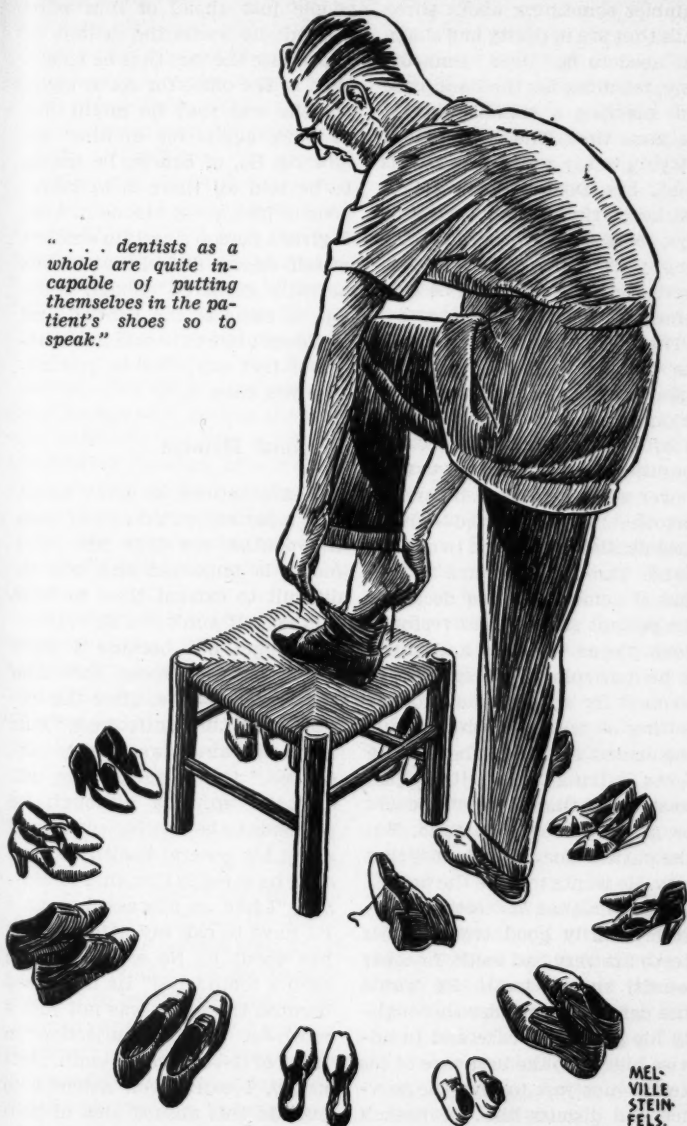
JUST THE OTHER DAY, it occurred to me that dentists as a whole are quite incapable of putting themselves in the patient's shoes, so to speak. Their daily routine of coming to the office, putting in a certain number of restorations, giving a few treatments, making a bridge, extracting a tooth for Mrs. Smith's little boy, taking an impression, and then leaving the office in the afternoon, becomes just a business to them. Only too often, they forget that Mrs. Smith's son is the major thought in Mrs. Smith's life and that the bridge put in for Mr. Brown will be discussed by Mr. Brown's family at the dinner table that night—not to even mention the fact that Mrs. Saymore will probably call all her friends on the telephone and tell them about the impression she had taken for her new "partial." All of this can be traced to one thing: that in each person's life, anything directly connected with him becomes more important to him than a presidential election (unless he is running for the presidency) or an earthquake in Europe. Then, too, a trip to the dentist is something everyone has been made to fear and the fact that he has survived the ordeal is

well worth a good discussion in anybody's language! No matter how busy the person is, has been or will be, you may be sure that he will take time out to talk about his dental "work."

More than likely, after the patient has been greeted in the reception room and ushered into the operating room, the assistant will go through the routine of getting warm water ready, placing a towel around his neck, handing him a tissue or performing any minor duty that the patient is eyeing curiously, without thinking for one minute about the mental condition of the man or woman sitting in the chair. She just does her work well, but she doesn't try to ease the patient's fear or to bolster his ego—whichever his case should need.

The dentist comes out and greets the patient, carries on the usual conversation (or maybe I should say monologue) and before the poor patient has a chance to answer the question, "How are you today?" he finds his mouth full of dental mirror and explorer; then, blissfully unaware of the curiosity that naturally comes to the patient waiting to be told in full detail about *his* particular condition, the dentist

" . . . dentists as a whole are quite incapable of putting themselves in the patient's shoes so to speak."



mumbles something about three teeth that are in pretty bad shape and need to be "fixed" immediately, reaching for the handpiece and selecting a suitable bur at the same time. The poor patient is trying to say something at this point, but Doctor Fixit Wright just keeps right on and probably says, "Now don't try to talk—just keep your mouth open—wide—that's right—and it'll all be over before you know it."

That, of course, is exactly what the patient fears. He wants to know precisely what is going to be done *before* it is done instead of *after*. He wants to know the condition of his teeth and to talk it over with the dentist before he has the "work" started—which most dentists can't seem to understand. The dentist seems to feel that if some teeth are decayed, the patient should *want* restorations placed in them and there is no particular need of talking about it for a long time and not getting on with the job. Perhaps the dentist feels that the time he takes talking about it is just wasted and that the service could be given during that time. But the patient doesn't look at it that way. He wants to have the dentist say to him that *his* teeth are extraordinarily good teeth or *his* teeth are very bad teeth. In other words, *special* teeth. He wants the dentist to consider thoroughly his particular case and to advise him as to the best care of his teeth—not just to give the service and dismiss him. He doesn't want to be treated like the five

people just ahead of him were treated; he wants the dentist to appreciate the fact that he hasn't been in the office for six or eight months and that he might not be back again for another six months. So, of course, he wants to be told all there is to know, good or bad, about his teeth. Also, it gives a person a certain amount of self-esteem to feel that he has actually garnered enough courage to come to the dentist, and he doesn't like to be told in a matter-of-fact way, "It'll be over before you know it."

### Personal Element

I have noticed, so many times, that a patient would rather have the dentist say that his third molar is impacted and will be difficult to extract than to hear him say, "It won't be a bit of trouble to get out because I have taken out so many just like yours." Or, maybe, after the extraction, if the dentist says, "This tooth certainly was badly abscessed," the patient's face will brighten up, and although he pretends to be terribly concerned about his general health because of it, he is really thinking to himself, "I had an abscessed tooth—I'll have to call my wife and tell her about it! No wonder I had such a toothache!" He is pleased because the tooth was not just a tooth—it had an adjective in front of it—*abscessed* tooth. Naturally, I can't even attempt to explain this absurd idea of people wanting their troubles to be



exceptional ones, regardless of the inconvenience it may cause them or the results it may bring, but I have a hunch that it inflates their egos in some way and makes them feel different and superior.

They actually seem to be proud of the fact that they had a "dry socket" or that it took the dentist one solid hour to take out that tooth which came out in pieces. They seem to get an unusual amount of satisfaction from saying in a loud voice, full of arrogance, "Doctor Pullem certainly did have a time getting that root of mine out—he was worn to a nub after wrestling with it for an hour." The patient smiles in a rather smug manner, suggesting that the dentist who takes out teeth for *him* really works for his money.

Unfortunately, the dentist doesn't seem to take all these things into consideration. He just works along hour after hour and neglects giving the patient the personal attention or praise that each one desires.

Naturally the dentist is extremely familiar with all the instruments he uses, and because he sees them and uses them every day, it is hard for him to understand how the patient feels about "all those tools." To the patient waiting to receive treatment, the instruments look like "tools of torture"; the elevators are "screw-drivers," the explorer is a "pick," the bur is a "needle," and

the forceps are "pliers" in the language of the patient.

But to get back to the original subject of people wanting to be given special attention—suppose Doctor Fixit Wright knew that he, himself, had to have all his teeth extracted and a set of dentures made. Well, that's different! It is actually happening to *him*. He doesn't want artificial teeth any more than the rest of the people who find themselves faced with the possibility of losing their own teeth and getting accustomed to dentures. I'll wager that he gets just as upset and worried about it as any of his patients. But just last week when he told Mrs. Fray D. Katz that she would have to lose her teeth and have dentures and she burst into tears of self-pity, he was thoroughly disgusted and provoked at her lack of understanding that her own teeth were injuring her health. He kept telling her that just any number of people her age wore them and nobody even suspected they were artificial teeth. That didn't help her much because she wasn't just anybody—she was *Mrs. Katz* and that was why it was so important to her.

I suppose dentists should get on the receiving end of their work about twice a month to be able to really put themselves in the patient's shoes. Then, maybe they could help the patient mentally as well as physically!

549 Day Avenue, S. W.  
Roanoke, Virginia

# *Southern Dentist*

## *Creates a Museum*

by C. E. SAUNDERS, D.D.S.

THE TRADITIONS of the Old South, as well as the books, instruments, and other dental equipment of past generations of practitioners are being carefully preserved by a Southern dentist.

Just beyond the city limits of Columbia, South Carolina, is a red clay country road which leads to Doctor Neil W. Macaulay's home. A white fence runs along the road and gateposts of field rock mark the entrance of the drive that winds over a small lake and up the hillside to the house. At one side of the house, nestled in a grove of beautiful pines, is a small plantation office building, which Doctor Macaulay uses for his museum. Guarding the white-columned portico is a mounted Confederate cannon, the plate on which reads: "At a time when the white people of South Carolina were forbidden to bear arms, Thomas Thompson Moore, D.D.S., reorganized an artillery company and, with the first earnings of his practice, purchased this cannon which was kept in the company's secret armory, in the old ice house at the foot of Arsenal Hill. During the turbulent days of Hampton's campaign, it was brought out to guard the Wallace House." The cannon was presented to Doctor

Macaulay by John Michael Bate-man, at one time Captain of the Governor's Guards. On the steps of the museum are two broken column bases, relics of the small granite columns first used on the State House. These clearly indicate Doctor Macaulay's love for things historical, especially and above all, those things pertaining to the South of the days of the Confederacy.

The museum is divided into two rooms. The one in the rear is furnished with antique but serviceable dental equipment, which Doctor Macaulay frequently uses for emergency dental treatments. The front room is used as the museum proper. There are several types of dental chairs; one a flimsy folding one used by itinerant dentists of long ago and showing the signs of having been dumped many times into creek beds as a buggy or wagon carried it over the rough country roads. Another is a massive black leather chair with iron base, its square back defying all comfort; this was in use about 1854. On the floor are several types of foot engines and foot lathes. One wall is given over to shelves of magazines and books, including "A Popular Treatise on the Diseases of the Teeth . . . to-



(Photograph by T. C. Sparks, D.D.S.)

*Museum of Doctor Neil Macaulay, Columbia, South Carolina.*

gether with the usual mode on inserting artificial Teeth" by Robert Arthur, 1846; also "Lectures on the Natural History and Management of the Teeth..." by the poet-dentist L. S. Parmly, 1820. Along another wall is a large show case containing many types of dental instruments, dental "plates" and supplies. The most valuable item in this case is a complete set of instruments used by Doctor Macaulay's grandfather during the "War for Southern Independence." They are in remarkable condition considering the battle scars they received. Their owner was captured the day after the Sharpsburg fight, while washing his feet in Antietam Creek, preparing to put on a pair of shoes removed from a Yankee soldier whose use for them was ended. The fact that he was wearing shoes made by a

Yankee contractor for Yankee use infuriated his captors. However, they did allow him to gather his precious instruments together and take them with him to prison. Above the show case Doctor Macaulay has copies of portraits of outstanding pioneers of the dental profession, including that of Doctor Nathan Keep who, with Oliver Wendell Holmes, convicted Professor Webster of Harvard University School of Medicine in 1850 by the identification of the artificial teeth of his victim, which were found in the Webster furnace.

Wherever Neil Macaulay lives or works he keeps alive the spirit of the Old South for the pictures of Marse Robert (General Lee) look down from the walls seemingly in approval of his work.

*Florence Trust Building  
Florence, South Carolina*

## Prominent New Yorker Becomes A.D.A. Educational Secretary

AFTER THIRTY YEARS Doctor Harlan H. Horner came home to Illinois last June. His return is the result of a determined, nationwide search, headed by the Council on Dental Education, for the right man to fill the recently created post of Secretary to that body. Officials traveled far to find the seasoned New York educator, who proved to be a native of Iowa and a graduate of the University of Illinois.

To Doctor Horner, coming back wasn't quite the simple procedure he had anticipated. In the years between he had been steadily collecting books and documents relating to Abraham Lincoln. His *Lincolniana* now represents a vast library of 3000 volumes, which follows Doctor Horner, somewhat clumsily, wherever he goes. Besides becoming a bibliophile, he has been writing extensively. Two of his books about Lincoln have been published recently, and he is also the author of "The Life and Work of Doctor Andrew S. Draper," University of Illinois President early in this century.

Doctor Horner's wife, a former physician, has developed a related interest and, at their home in Wilmette, Illinois, is now writing a biography of Lincoln's mother, Nancy Hanks. Doctor

Horner intends to continue his writing on Lincoln whenever his new duties permit what he considers pleasant relaxation.

Looking over the record of his active years in New York, it is difficult to see how Doctor Horner found time to become a writer and a book collector. As a young man he went to Albany, New York, in the capacity of secretary to Doctor Andrew S. Draper, who was appointed New York's first commissioner of education about the time Theodore Roosevelt was being nominated in Chicago for his second term. Later Doctor Horner became Dean of New York State College for Teachers at Albany and, six years after, executive secretary of the State Teachers Association and editor of its monthly magazine, *New York State Education*. Records show that the association increased its membership from 19,000 to 45,000 under Doctor Horner's energetic seven-year administration.

An appointment as director of State College Education brought Doctor Horner back to the State Education Department in Albany in 1930. And his close association with dentistry began soon after, when he became associate commissioner of education in New York state. He was placed

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*Doctor Harlan H. Horner, newly appointed secretary to the Council on Dental Education of the American Dental Association.*

in charge of higher and professional education and most of his work had to do with the approval and supervision of professional schools, including dental colleges.

Doctor Horner has received in addition to his M.A., the degree of Doctor of Pedagogy from the New York State College and an LL.D. from Alfred University. Three years ago he was made an associate fellow of the New York Academy of Dentistry.

Established now at the Central Office of the American Dental Association in Chicago, Doctor Horner is enthusiastic over the possibilities of his new position as permanent secretary to the Council on Dental Education.

The chief concern of the Council at this time, in his opinion, is the establishment of standards for the approval of dental colleges. "As the Council has already announced, it will make public by January 1, 1941, its requirements or standards for the approval of a dental college. In the brief time I have been working with the Council I have been impressed," he said, "with the excellent spirit of cooperation between the schools, the examining boards, and the leaders of the profession. Every school will have a year to consider the requirements and to take steps to meet them. There will be no attempt to force action precipitately, but

approval will not be given to any school until it has had a thoroughgoing inspection by the members of the Council."

With reference to dental students, the Council plans to expand the Dental Register and gather as detailed information as possible about the number of students admitted to the various schools, the source from which they come, and all related facts. "We hope," Doctor Horner said, "to devise improved methods of testing applicants for dental courses."

Asked if the Council planned any activity in relation to the public, Doctor Horner replied, "The Council contemplates the early preparation of a dignified, attractive booklet on dentistry as a career for the benefit of young men and women who wish to become dentists. Upon publication of such a booklet we would distribute it to deans, instructors, and college and high school counsellors. This, we believe, will aid the dental colleges to attract a high type of student, which is most important in the maintenance

of professional standards."

On other questions immediately concerning the Council, Doctor Horner made these comments: "A matter that has become increasingly urgent because of chaotic world conditions is the question of what to do about foreign dentists who are entering this country. Because of the unevenness of the dental training of these men, we must figure out on what basis we can accept them in our dental schools. Our Council is a member of the American Council of Education and, in cooperation with this group, will try to obtain as much information as possible about foreign dental schools and their methods of instruction. With this information we will be in a better position to guide foreign dental students in making up deficiencies in their training."

"We are also giving much thought," Doctor Horner concluded, "to ways of promoting the development of dentistry as an aid to public health, in which it must now assume a more important rôle."

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### CHANGE OF ADDRESS

ORAL HYGIENE will be grateful to readers who change their addresses if they will send both the old and the new address. Please also allow at least two weeks for an address change to become effective. Mailing wrappers are of necessity addressed two weeks or more prior to the publication date; hence when your address change reaches us late in the month preceding publication it is often impossible to make it effective before the second month following.



## THE BRITISH ARMY DENTAL CORPS IN ACTION

WITH A PERSONNEL vastly increased in number and efficiency over that employed during the World War, the British Army Dental Corps has been in service since the outbreak of the present war. But nowhere has its service been as spectacular and effective as in the recent active operations in France and Belgium, terminating in the evacuation from Dunkirk. Officers and men worked with enthusiasm, under the greatest difficulties, and withdrew only as their parent units fell back, according to *The British Dental Journal*.<sup>1</sup>

Besides carrying on their dental service, they also rendered valuable assistance to medical units, often under shell and machine-gun fire and in the face of heavy bombing attacks. Officers acted as emergency anesthetists, thus enabling additional surgical teams to be formed, as transport and evacuation officers, and as liaison officers between medical units and Corps and Divisional Headquarters, while the other ranks assisted as stretcher bearers, dressers, and in charge of convoys of wounded. One officer was specially commended by his commanding officer for devotion to duty in supervising the removal of wounded under heavy shell-fire, while another took charge of a party of over 300 men who had lost their officers. He succeeded in getting them off at Dunkirk and was the last to embark, having refused to go aboard himself until he had collected a final party of 30 men and marched them through the town to a safer point of embarkation. Although these are only two of the many striking incidents recorded, they serve to show the high traditions of the British Dental Corps have been fully maintained.

Commenting on the service of the Dental Corps under fire, the editor of *The British Dental Journal* says:

In addition . . . to carrying on their normal work under great pressure, officers were called upon to give preliminary treatment to cases of maxillo-facial injuries, and it is gratifying to learn that this skilled trained service available immediately behind the front line has not only greatly ameliorated the condition of the wounded men, who have been thereby spared a great deal of suffering, but it also ensured that they would arrive at the special hospitals in this country in a far better condition both generally and locally than would otherwise have been possible.

Long before the action in Flanders, however, members in all ranks of the Dental Corps had been responding to the severe test resulting from the sudden influx into the Army of numbers of men in poor dental condition, which presented an almost insuperable handicap in camps and training areas. The widespread enthusiasm of the dental profession for activities of the Corps is shown by the fact that offers of volunteer service as dental officers have been received from many countries, including the United States.

<sup>1</sup>The Army Dental Corps, *The British Dental Journal* 69:3 (July) 1940.

# Editorial Comment

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GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO  
ARGUE FREELY ACCORDING TO MY CONSCIENCE  
ABOVE ALL LIBERTIES. *John Milton*

## "ONLY THE CHARLATAN IS SURE"

IT WAS THE philosopher, Montaigne, who declared, "Only the charlatan is sure." Dogmatism, promising too much, extravagant guarantees are signs of the charlatan. In the case of the dental charlatan—and there are many such and not all are advertising quacks hiding behind neon signs—he *knows* what makes teeth decay; *all* his dentures fit; he *never* has a failure with any technical procedure. Smoothies in swanky offices, with membership in dental societies, may be charlatans as surely as the self-acclaimed "painless" dentist. The technique of quackery among the high-ranking fakers has a touch different from that of the stigmatized quacks. The highly-placed and high-priced dental charlatans formulate their treatment programs with an avaricious eye looking toward the patient's bank balance. For example, the prescription for the housemaid may read "cement fillings," for Mrs. Money Bags, with lesions and dental conditions similar to those of the maid's the prescription will likely read, "full mouth reconstruction." Charlatans in dentistry are usually eloquent health-talk givers; they see millions of bacteria lurking in every interproximal space and can recite a list as long as your arm of the diseases produced by "dead" teeth. (Dead being such an awesome word, dental charlatans usually prefer it to the less terrifying expression "pulpless teeth.")

Mountebanks in dentistry find many cases with a "touch of pyorrhea" (Whatever that is) and institute treatment of a mysterious kind, usually employing drugs that they modestly hint to the patient are of a special vintage. All of us have heard the tiresome recitation by patients who describe the "special" techniques and treatments that "their other dentist" used. It is unnecessary to say that few of these special procedures ever were discussed in dental meeting circles or in the dental literature. They sprang full-grown from the imagination and sales craft of some dentist.

Now that some of the transgressions of the "ethical" dentists have been examined, we may look at the behavior of the recognized dental

quacks. They promise services that they cannot perform for prices that they do not expect to fulfill. Their method is to lure gullible and unsuspecting people into their offices with a price bait, and to sell them a bill of bad dental goods. This form of dishonesty has been recognized by the legislatures of two-thirds of our states and laws have been passed in an attempt to control this kind of brigandry. Mail-order denture distributors are in a unique class. Whereas the other dental impostors at least require the physical presence of the patient, the mail-order denture vendor carries on his treatments *in absentia*.

Not all dental charlatans are dentists. Many are enlisted from the ranks of flamboyant advertising copywriters and the clip-the-coupon, buy-this-minute radio announcers. These auxiliary, impersonal quacks are dangerous because they reach a wider audience than the actual treatment dispensers. This modern scourge of invaders of the privacy of the alimentary tract, these finger-pointers at graying hair, these vendors of rub-on-something for your sore muscles, joints, and nerves, harangue all hours of the day from the printed page and the loud speaker. They have been well described by Frank J. Clancy, M. D., former director of investigation for the American Medical Association:

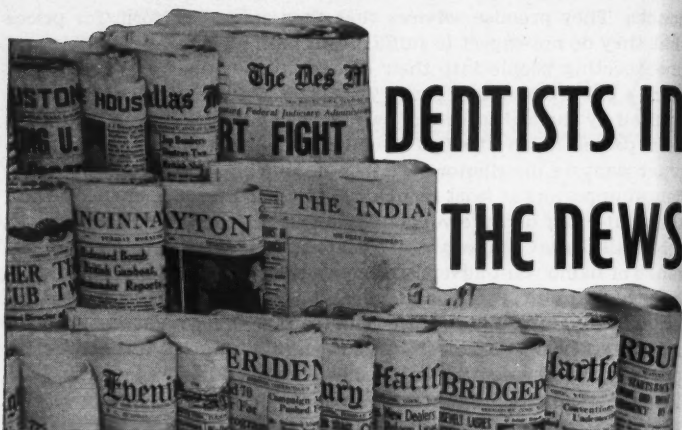
"We are living in a world of rapidly changing values. In no sphere have values changed as completely as in the prescribing of medical treatments. Once upon a time the treating of the sick was the special prerogative of the medical profession. We now have, thanks to radio, progressed far and beyond that horse and buggy idea. Who is prescribing for the ailing public today? Fred Allen, Bob Hope, George Jessel, McNamee and Harry Vonzell!

"The family doctor has been supplanted by the comedian and straight man. Medical colleges will soon have to add to the regular curriculum a four years' course in gag writing, if present day graduates are to compete with radio in the treatment of the sick. A patient now demands a symphony orchestra, the latest jokes and a galaxy of Hollywood stars thrown in, with every prescription."<sup>1</sup>

Beware of whoever comes promising too much, guaranteeing too long, or speaking too positively—"Only the charlatan is sure."

Edward J. Ryan

<sup>1</sup>Bassett, W. L.: Doctor Hits Pseudo-Science in Ad Copy, Editor and Publisher 73:9 (July 27) 1940.



# DENTISTS IN THE NEWS

*New York (New York) Times:* To Adrien Marquet, a former dentist, Marshal Pétain has given the post of Ministry of Interior in his new authoritarian cabinet. M. Marquet, who is one of the founders of French Neo-Socialism, occupied the post of Ministry of Labor for a part of 1934, under President Doumergue. Since 1924 he has represented Bordeaux in the National Assembly, as well as practicing dentistry. Now 54, M. Marquet is known in the Chamber of Deputies for his thirty suits and more than a hundred neckties, and as one of the few Beau Brummels of that institution.

*Connellsville (Pennsylvania) Courier:* James V. O'Donovan, a dentist, and his wife and two sons, were imperiled recently by the crash of a big Army bomber 200 feet from where they were preparing for a picnic dinner near Trent in Somerset County. The debris of the craft, hurled for hundreds of feet by a terrific explosion of the gasoline supply, was scat-

tered about Doctor O'Donovan and his family. He was the first person to reach the burning plane, which was en route from Mitchell Field, New York, to Wright Field, Dayton, Ohio. The plane crashed because of motor trouble, and Doctor O'Donovan, hurrying to give assistance, came upon the crushed body of the pilot, Lieutenant N. R. Dick, who had plunged to his death when his parachute failed to open.

*Jacksonville (Florida) Times-Union:* The hobby of a Jacksonville dentist, Carl G. Knoche, which he expects someday will be a highly profitable commercial enterprise is being conducted on the outskirts of Murray Hill. It is chemiculture, or the science of growing plants without soil. Doctor Knoche became interested in chemiculture through his study of the effect of proper food on healthy teeth. With but a small layout of capital he has put in metal lined tanks in his garden at 612 Shady Place and for the past two years has been grow-

ing sweet peas and other flowers, as well as tomatoes, cucumbers, and potatoes. The roots of the plants take their nourishment from the water in the tanks, which has been treated with a chemical solution of the proper salts needed for growth.

*Dayton (Ohio) Journal:* J. W. Gans, a dentist of Richmond, Indiana, who practices in the Greyhound Terminal building, led a prospective patient into his office one afternoon with the expectation of extracting a tooth. Instead, he faced a revolver. The "patient" grabbed the dentist's white uniform, bound him and his son, 23, took \$23.00 in cash, and left. Despite threats, Doctor Gans refused to open the office safe, preventing greater loss.

*Boston (Massachusetts) Sunday Post:* John W. Cooke, prominent Boston dentist, is one of the most courageous men in the world. Once when Mrs. Cooke was out of town, he did over the living room to surprise her. She was surprised. And delighted.

*New York (New York) Times:* Into the Boyd County, Kentucky, dental records, has gone a report of the oddest swap known to history, "a new set of 'uppers' and 'lowers' for a country road right of way," which was promoted and supervised by County judge, George G. Bell, a dentist. In order to build a bridge over the Ellington branch of Big Run Creek, the county needed additional right of way through the property owned by a woman. Judge Bell went out to look over the situation, noted the owner's need for dental service,

offered a complete set of dentures "by Thanksgiving," in return for the right of way, and the woman accepted. Judge Bell said he would not bill the county for his services.

*Tacoma (Washington) News-Tribune:* Years ago Doctor Edgar B. Pease left Tacoma for Phoenix, Arizona. Now he wonders why. On his way to Alaska to fish, he and his



brother stopped off at Tacoma and in three hours fishing off the Point caught four fine salmon, weighing from 11 to 14 pounds. Doctor Pease was so impressed that he bought a fishing spot nearby and plans to return every summer.

*Grantsburg (Wisconsin) Journal:* In payment of a dental bill, Loren Giswold, a Greenwood dentist, was handed 2,476 coins of which 2,182 were pennies. All were neatly arranged in piles, after having been collected patiently by the milkman who delivered them to his dentist.

*Saint Louis (Missouri) Post-Dispatch:* Collins A. LeMaster, a practicing dentist and X-ray specialist for twenty-eight years, and a professor of dental radiology at Saint Louis University School of Dentistry for twenty-one years, has closed his dental office, resigned his professorship, and gone into the business of selling beer kegs. Doctor LeMaster

who is 47, said he made up his mind several weeks ago to abandon his professional career because he foresaw and feared the day when he would become a "mere cog in the machine of State medicine." He will act as salesman for a manufacturer of steel kegs and will travel in eight Midwestern states. Doctor LeMaster, who is the author of a textbook "Dental Stereoroentgenography," lives at 7200 Northmoor Drive, University City, with his wife and two daughters.

*San Francisco (California) Examiner:* Convinced that either a fifth column or a bomb was exploding,



police and excited residents of the Marina district, rushed to Doctor J. C. Campbell's home at 81 Rico

Way and found his backyard littered with teeth and parts of dentures. Sensing a major tragedy, police demanded to know where the bodies were. Doctor Campbell explained that there never had been any. He was merely preparing denture material for experiments in an outdoor laboratory. The apparatus had been operating all night and exploded at 8:00 a.m.

*Boston (Massachusetts) Post:*

Seven years ago Doctor and Mrs. John Vincent Blasi began collecting miniature donkeys. To celebrate the anniversary of their collection, they are giving a "donkey party" at their home at 1730 Washington Street. Guests will find donkeys of every description adorning the mantle pieces, tables, and even dishes, napkins, and towels. Specimens from wood, clay, metal, and straw bronze have been imported from Italy, China, Austria, Africa, Mexico, Central America, and England.

Awards for stories submitted to DENTISTS IN THE NEWS go this month to:

D. P. BENDER, D.D.S., 180 Lexington Avenue, New York City.

MISS EDITH SHERRICK, 210 East Fairview Avenue, Connellsville, Pennsylvania.

M. H. GLOSSINGER, D.D.S., 202 Gibbons Arcade, Dayton, Ohio.

MISS HELEN C. LARGE, 36 Summit Street, Bristol, Connecticut.

M. B. NEWMAN, D.D.S., 675 Walton Avenue, Bronx, New York.

MRS. REGINA BRYAN, 704 North Illinois Street, Belleville, Illinois.

### CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in this department*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



# Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

## Pyorrhea

Q.—I am interested in the treatment of pyorrhea and trench mouth by the use of bismuth and arsenicals. However, the number of cases at my disposal has been very limited. Nevertheless, I have met with some success with this treatment, both intentionally and accidentally. Being fully aware that these terms have both been used loosely, I am seeking your opinion on the following questions.

1. Do you find that syphilitics, who also have trench mouth, recover from the latter condition without local treatment, during the course of their anti-syphilitic therapy?

2. Do you know of any such patients who have not recovered from trench mouth during anti-syphilitic therapy?

If possible, please state whether the diagnosis of trench mouth was made on a clinical or laboratory basis, or both.

3. Do you find that syphilitics, who also have pyorrhea, recover from the latter condition without local treatment, during the course of their anti-syphilitic therapy?—E. R. P., M.D., Colorado.

A.—In answer to your letter let me say:

1. We have knowingly had no cases of Vincent's mouth infection in syphilitics. However, we are of the opinion that Vincent's infection of the mouth is a local

condition and requires local treatment for its cure.

Nesson<sup>1</sup> lists as "systemic or debilitating factors" favorable to the development of Vincent's infection; "scurvy, cancer, syphilis, alcoholism, diabetes, metallic poisoning, fatigue and dissipation, colds and blood dyscrasias, such as leukemia, chronic anemia and granulocytopenia, or agranulocytosis." Naturally the elimination of these conditions or treatment for their elimination would favorably affect the mouth condition.

There is an article in the *Dental Cosmos* entitled, Vincent's Infection Contracted During Luetic Treatment.<sup>2</sup>

2. No. It is generally considered that Vincent's infection of the mouth should be diagnosed on clinical and laboratory basis, although some discount the value of laboratory findings.

3. Pyorrhea definitely requires local treatment for its recovery whatever beneficial effects may occur from systemic treatment

<sup>1</sup>Nesson, J. H.: Diagnosis and Treatment of Vincent's Infection, *J. A. D. A.* 23:1483, 1936.

<sup>2</sup>Donson, S. D.: Vincent's Infection Contracted During Luetic Treatment, *Dental Cosmos* 75:883 (September) 1933.

for any concomitant systemic disease.

I trust you'll accept this discussion of your questions in lieu of the more extensive treatment that the questions really call for.

—GEORGE R. WARNER.

### Denture Construction

Q.—Could you please give me your advice on the following case?

A woman patient of mine, about 55, came to me for full upper and lower dentures. I constructed them for her; the upper of the newer denture materials, and the lower of all pink vulcanite. She presents a lower ridge of a spinous type standing about a half inch in height vertically from the floor of the mouth, and with many low muscle attachments. The entire ridge is no wider than a match stick, being no wider at the base of the ridge than at the crest.

For the past few months this patient has complained of a continual soreness embracing the sides and the top of the alveolar ridge process. I have checked for correct bite and articulation, and find them to be right; I have relined the lower denture with a velum rubber, and also relieved these sore places, but it is only temporary. It seems that these tissues are movable on the top of the ridge, and when the denture is in place, these same tissues are displaced, and where, I do not know.

This patient has had four sets of dentures made for her before coming to me, and all with the same results. Any information that you can possibly give me will certainly be deeply appreciated.—O. G. C., Washington.

A.—The problem presented is one of the most difficult that we have to deal with in denture construction. If you will make an incision along the crest of the ridge and lay back gum flaps, lingually,

buccally and labially, you will no doubt find that the bone is very thin, possibly almost knife-edged, in which case you are justified in cutting the bone down to a thick rounded base; for certainly a low flat mouth is preferable to one of these knife-edged jaws for a foundation for dentures.

A further advantage can be obtained by laying the gum flaps back far enough to detach the low muscle attachments. Hold the gum flaps loosely together with sutures and insert a denture that has been previously made on a cast from which the narrow ridge has been carved and the muscles extended to a desirable width of base. This denture must be worn day and night until the incision and severed muscles have thoroughly healed. Such a mouth is likely to be very sore, swollen and uncomfortable for a few days or even several weeks but the final result should be much greater satisfaction in the wearing of dentures.

If either you or your patient is afraid to tackle this operation, you might possibly get a fitting that could be worn with comfort by making an impression with a special wax technique, either re-basing her present denture or making a new one. Generous relief should be provided over this entire sharp ridge and the melted extra soft wax should be painted on the sides of the denture base, only not over the crest of the ridge. It is then placed in the mouth and held without pressure for five or ten minutes or until the wax has reached mouth temperature. At which time have the patient close firmly, and muscle

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trim the wax by having the patient make all possible mouth and jaw movements. If this is done properly, the flexible tissue over the crest of the ridge should be raised by the impression wax to provide a relief from impinging pressure against the knife-edged ridge.—V. CLYDE SMEDLEY.

## Lesions

Q.—I need your aid in diagnosing and treating for the following case:

A woman about 35 came into the office with two identical lesions in both areas of her retro-molar triangles. Each lesion consists of yellowish-white elevations about the size of a pin head (mostly smaller) and covers an area of about  $\frac{1}{2}$  square inch. Half the lesion is on the cheek facing the retro-molar area. There is no inflammation, but a slight sensitiveness to touch. The lesions appeared about a month ago and have been recurrent since then. The lower first molars are missing and the second and third molars have drifted to contact with the second bicuspid. Her occlusion is fairly good, and oral condition otherwise good.

Previously she went to another dentist, who also failed to diagnose the condition, and the application of a cauterizing agent seemed to do no good.

I've looked through Thoma's ORAL DIAGNOSIS AND TREATMENT PLANNING and the nearest I can come to it is Fordyce's disease. I should appreciate any help you can give me as to treatment.—M. M. S., Maine.

A.—The condition described does seem like Fordyce's disease, except, according to Prinz and Greenbaum,<sup>3</sup> this disease occurs "principally on the labial and buccal mucosa opposite the occlu-

sal lines of the teeth and on the lips."

This same book says that the condition is benign, persistent, and does not undergo malignant degeneration and that treatment is not indicated.

Because of the location and partly because of the description, there is the possibility of the condition being a leukoplakia.

After careful consideration I can think of no other condition that your description would fit.—GEORGE R. WARNER.

## Porcelain Jackets

Q.—Enclosed is a roentgenogram taken on a boy 14, and I have decided that two porcelain jacket crowns would be the proper restorations.

Do you think that the patient's age is against him and do you note any condition in the roentgenograms, which would substantiate a negative prognosis, if I proceeded with the jacket crowns?—I. T., New York.

A.—We feel that it is decidedly unsafe to put porcelain jacket crowns on teeth for a patient as young as 14, unless it happens that it is a case of hypoplastic enamel and the pulps have been protected by secondary dentine.

This is not true in your case. The pulps are large and the periodontal space of the right central is enlarged at the root apex. So it is going to take careful, conservative treatment to keep the pulps of the teeth vital in your case.—GEORGE R. WARNER.

## Andreson's Formula

Q.—Can you tell me the composition of Andreson's formula, a recalcifying agent?—J. J. M., Pennsylvania.

A.—According to an article by

<sup>3</sup>Prinz, Hermann and Greenbaum, S. S.: Diseases of the Mouth and Their Treatment, Philadelphia, Lea & Febiger, 1935.

Bodecker<sup>4</sup> Andreson suggests the following formula for use in remineralizing "soft" teeth:

Tartaric acid 448 grams

Solution of gelatine  
10 per cent 50 grams

Precipitated phosphate of calcium	} 160 grams
Precipitated carbonate of calcium	
Basic carbonate of magnesium	

Bicarbonate of sodium 560 grams

Chloride of sodium 160 grams

Corrigents of taste,  
*ad libitum*

White, effervescing, mineralizing Anticarieticum. One-tenth of the above quantity is sufficient for the use of a single patient for three months.—GEORGE R. WARNER.

<sup>4</sup>Bodecker, C. F.: Dental Erosion, Its Possible Cause and Treatment, Dental Cosmos. (November) 1935.

## IDENTIFICATION AID OFFERED TO F. B. I.

A PROPOSAL TO AID the Federal Bureau of Investigation in the identification of bodies was made recently at a meeting of the Associated Dental Laboratories in New York. Action was taken after three hundred laboratory men had already heard Doctor Carleton Simon, noted criminologist, tell of the need for some method of marking dentures. Doctor Simon explained how dentistry could give real service in the identification of unknown corpses of criminals, of unconscious persons, or those suffering from amnesia, if a technique were devised whereby every dental restoration could be traced to the particular dentist responsible for its construction. He stressed the necessity for conciseness and durability in any type of marking decided upon.

In line with the remarks by Doctor Simon, a committee was appointed promptly by the Associated Dental Laboratories to undertake a study of the subject. The following preliminary suggestions have been submitted to the Federal Bureau of Investigation: to assure efficient functioning, any dental identification scheme agreed upon must be mandatory throughout the United States, and incorporated into Federal law; individual identification symbols are to consist of two parts, one to identify states, the other to identify individual dentists; symbols should be stamped out in tiny air-chamber metal plates to be worked into the denture material.

This technique is for use only with rubber and acrylic restorations, as no suitable identification method has yet been considered for use on gold, steel, or other metal dentures. Suggestions from the dental profession and the laboratory industry will be welcomed by the committee.

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"How nice! I presume she met him at your house?"

Young man, visiting summer training camp, (to good looking maid): "Who's Major around here?"

Maid (demurely): "No one—yet."

Immigration Official: "I'm sorry but there's been a mistake here. We've got your hair down as dark instead of blond."

Modern Young Lady: "Oh, that's all right. Will you alter it, or shall I?"

Night Watchman: "Young man, are you going to kiss that girl?"

Young Man: "No."

N. W.: "Here, then, hold this lantern."

Mother: "After all, he's only a boy, and boys will sow their wild oats."

Father: "Yes, but I wouldn't mind if he didn't mix so much rye with it."

The captain of the ship called a deck hand to him and said: "Go below and break up that crap-game!"

For the better part of an hour he saw nothing of the deck-hand. Finally he returned and the captain barked: "Did you break up that game?"

"Yes, sir," replied the sailor.

"What in thunder took you so long?" again barked the captain.

"Well sir," the sailor replied, "I had only a dime to start with!"

"The only bad mistake in a diagnosis that I can remember," said the doctor, "was when I prescribed for indigestion, and afterward learned that my patient could easily afford appendicitis."

Shipwrecked Professor: "In my own country, you ignorant fools, I'm regarded as a man of letters."

Cannibal King: "Good! We'll make you into alphabet soup."

First Communist: "Nice weather we're having."

Second (grudgingly): "Yes, but the rich are having it, too."

They were speeding at 65,  
The gas bus gave a lurch,  
Services Sunday at 2 p. m.  
At the First Methodist church.

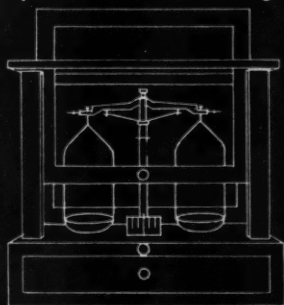
Dad: "I don't allow college boys to go out with my daughter."

Caller: "But I ain't a college boy, I work over to Kelly's pool hall."

Dad: "Beg your pardon, sir. My daughter will be ready in a moment."



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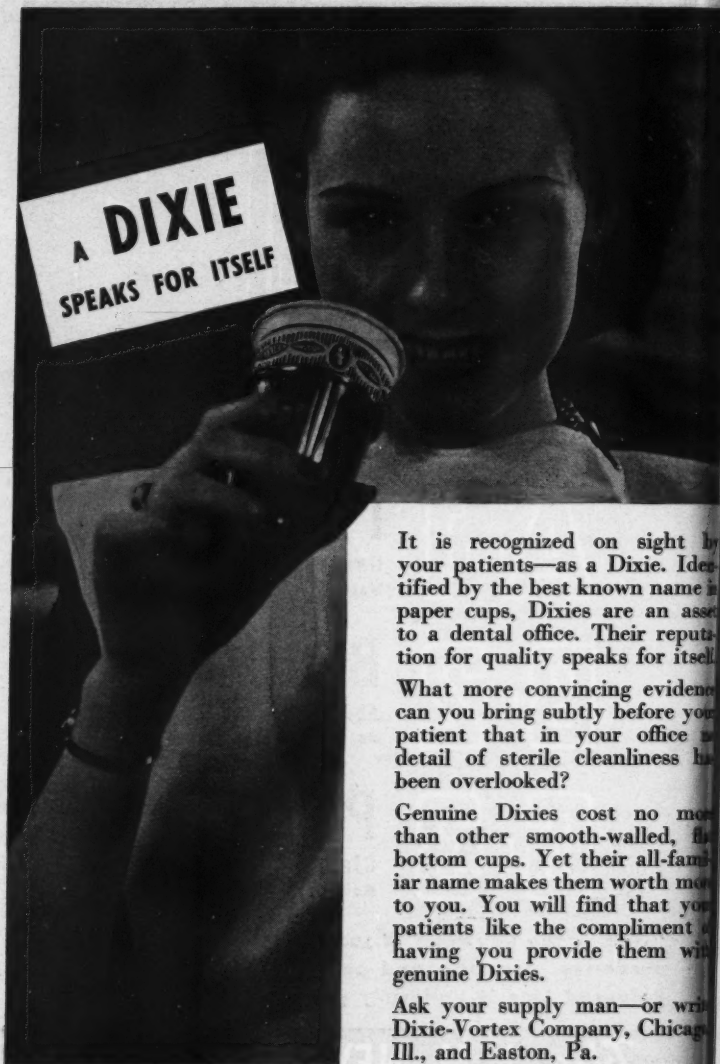
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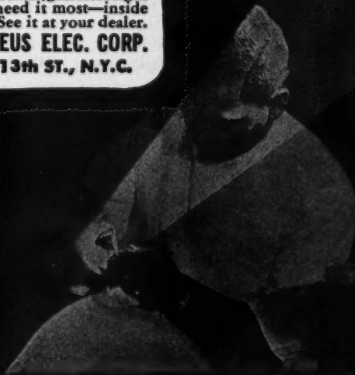
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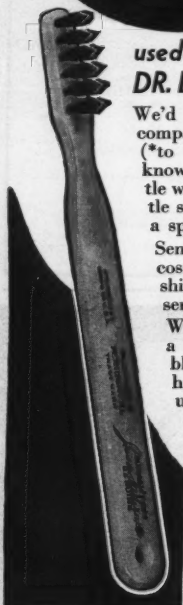
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Send 40c (covers only cost of packing and shipping) and we will send you two brushes.

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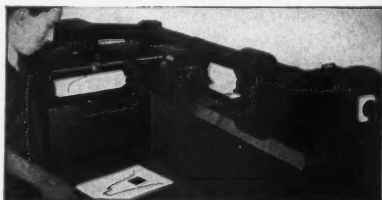
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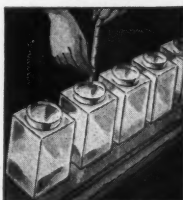
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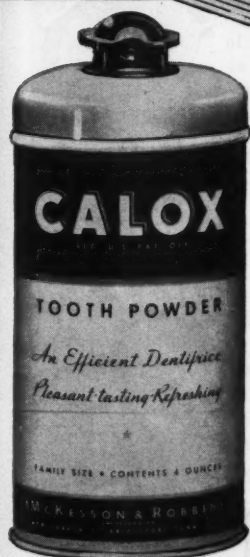
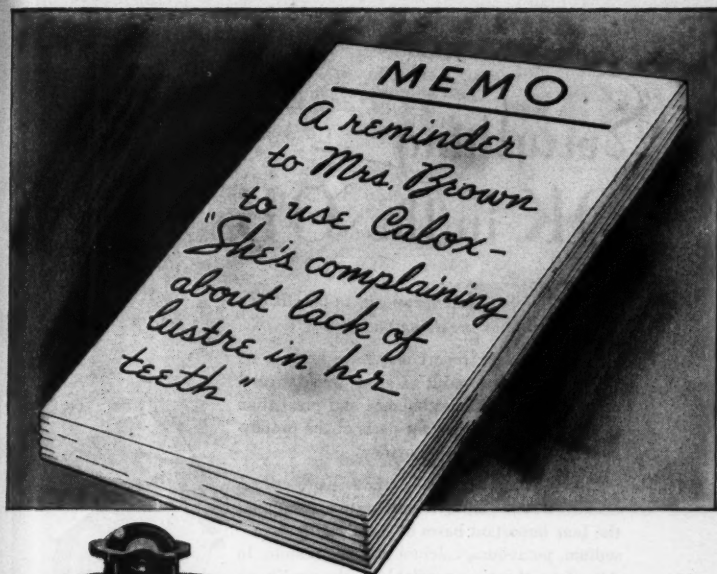


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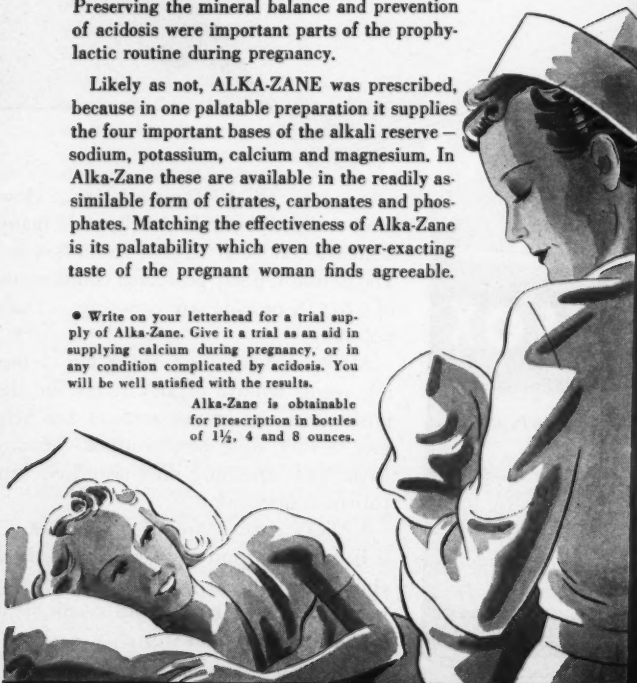
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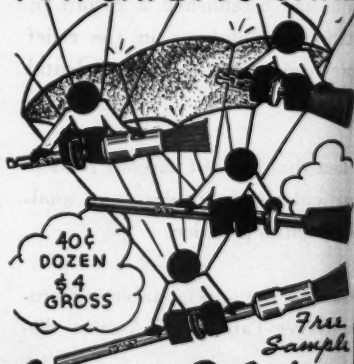
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- Protection for YOU

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See Wig-L-Bug Demonstration. Booths 87 and 104, National Meeting, Cleveland.

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You May Recommend the TYPE  
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Pepsodent Tooth Paste . . . Pepsodent Tooth Powder  
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WILL REACH YOU DURING  
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AND OCTOBER.







**25 YEARS DIFFERENCE**

*... in age ... practice ... technique*



**...Yet they both use F-R**

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## RED COPPER

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# PERMANENT GERMICIDAL ACTION...

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The germicidal action of Fleck's Red Copper Cement is wholly effective and permanent. I know, because Fleck's led the field in all 21 tests of the most comprehensive research ever conducted on copper cement. *And I've proved its value to my full satisfaction through thousands of carefully recorded clinical experiences.*"

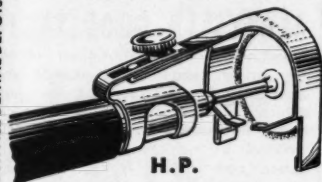
During the past 35 years, the "extra germicidal protection" of Fleck's Red Copper Cement has been utilized with complete success in hospitals, clinics and offices all over the world.



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This Flexible Guard affords control and assures safety in using lightning disks or separating stones. A special fulcrum makes it possible to disk or grind slowly to avoid heat and unnecessary patient discomfort. A simple slip-on attachment facilitates quick and convenient use. The extension of the H.P. guard is fully adjustable for all mandrels.



**R.A.**

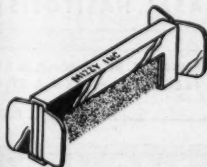
## **MIZZY FLEXIBLE GUARD**

This guard, specially developed for right and contra angles and grinding attachments assures positive protection at all times in grinding or disking operations. Made to fit all right angles, its sturdy skeleton-design permits maximum visibility in every position. Mizzy Flexible Guards, made of stainless Monel Metal are guaranteed not to rust.



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COMPLETE



ONLY 7 to 10 SECONDS are required to triturate enough amalgam for an ordinary size filling with the WIG-L-BUG, the wonder electric mortar and pestle. Its mix is a smooth fine texture... always the same! Assures better, faster, more successful fillings! Write today for descriptive, illustrated literature.

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V-E-M for nasal application contains 6¼ gr. eucalyptus oil and 1½ gr. menthol per Av. oz.



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PROTECT your valuable equipment and machinery—keep it running smoothly and quietly with Heavy Body 3-IN-ONE Oil. 3-IN-ONE has no offensive odor; does not gum.

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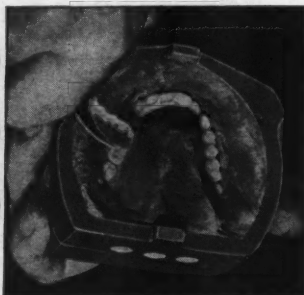
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**FOR 1-2-3!**  
**ACRYLIC TECHNIC**  
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Trial kit contains three new, tested products, enough for investing two complete Acrylic cases . . . using the new, revolutionary 1-2-3 Acrylic Technic developed by Whip-Mix. Guarantees precision results, inherent Acrylic beauty and ease of case removal. MAIL YOUR COUPON TODAY!

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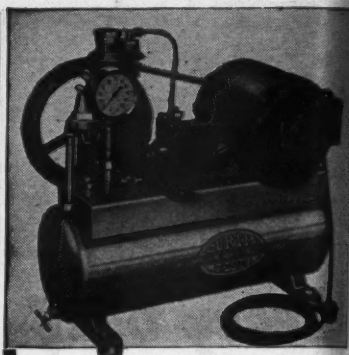
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Curtis Automatic Dental Pumps are especially designed for this exacting service — to provide compressed air for the modern dentist. They reflect Curtis' 86 years of successful engineering experience and are precision built in every detail.

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You can kill mouth germs with  
Mi 31 — the safe and economical  
oral antiseptic



Mi 31 has been used by dentists for over twenty-three years to provide their patients with a safe and sure antiseptic. This professional confidence in Mi 31 is based on two facts: (1) it kills germs faster without harming the tissues of the mouth; (2) patients like its pleasant, "clean" taste.

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For **PERFECT POISE ...**

but she *"goes to pieces"*  
in a dentist's chair

**BY PREVENTING PAIN  
IN MORE OPERATIONS.  
NOVOCAIN-COBEFRIN HELPS  
BANISH DENTAL DREAD**



**Y**OU'LL recognize her type. Friends marvel at her perfect poise, but you know that she goes to pieces at even the thought of that "drilling"—and because you do, you probably wonder "How long will she remain my patient?"

With such patients especially, many dentists are coming to rely more and more frequently on the valuable aid of local anesthesia with Novocain-Cobefrin. It provides anesthesia sufficiently prolonged to permit its use routinely—for sensitive cavity-preparations as well as for extractions. Novocain-Cobefrin is generally well tolerated, reducing the possibility of

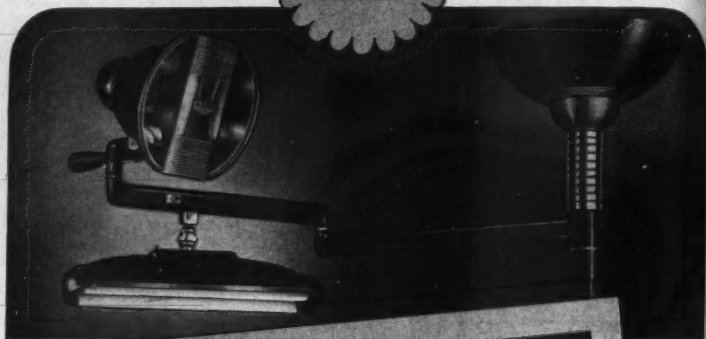
unpleasant side-actions and after-effects to a gratifying minimum.

Novocain-Cobefrin has proved a dependable and essential aid in breaking down fear and building up patient-confidence. If you are not using it at the present time, why not specify a box of 100 Cook or Waite cartridges on your next order.

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*Over 80 Million Injections Prove Its Worth*



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When Burton introduced TRI-LUMINAR less than a year ago, dentists were amazed by this new operating light. So different! Such perfect all 'round, year 'round illumination! Above all, such unheard of value! Came telegrams and letters from everywhere demanding TRI-LUMINAR.

You've been hearing plenty about this new operating light . . . and you'll hear more — from the ever mounting family of dentists (already numbering 4,000) who daily sing the praises of this COOL . . . NO GLARE . . . 3-IN-1 TRI-LUMINAR. Ask to see this energy and sight preserving operating light today.

**TRI-LUMINAR GIVES THREE LIGHTS  
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**A** *nother*  
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*Accomplishment*

**ULTRAVIOLET  
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*and for the*  
**MAINTENANCE OF ASEPSIS**  
*now included with*  
**BURTON'S**  
**Dental Diagnostic Set**

*Ask the Burton representa-  
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# HELP stamp out the unsterilized handpiece menace!



## Stero-Oil

\* The whirling handpiece shaft continually gathers and ejects saliva. STERO-OIL reaches the working parts and solves all handpiece problems.

Field Tests\* show millions of bacteria being transmitted from mouth to mouth

The only way to sterilize your straight handpiece is by using

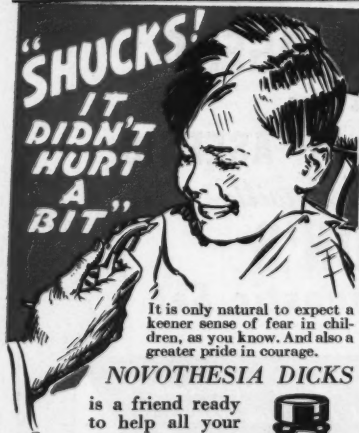
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**It's so easy.** Just run your handpiece in a bottle of STERO-OIL for one minute after use on each patient. STERO-OIL sterilizes, cleans and lubricates *all* in one simple, quick operation. Your dealer has STERO-OIL. You need it to stop conveying harmful bacteria from mouth to mouth!

Operators bottle 75c • Order now from dental supply

**STERILE**

**PRODUCTS CO., San Diego, California**



It is only natural to expect a keener sense of fear in children, as you know. And also a greater pride in courage.

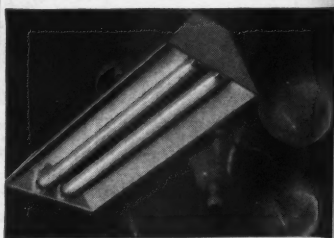
## NOVOTHESIA DICKS

is a friend ready to help all your patients—young and old. Write for your free sample, it will convince you.



**SPECIALTY  
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## FLUORESCENT LIGHT \$14.50

(Complete with 2 lamps)

New high efficiency illumination is now available at amazing low cost with the Bendick Fluorescent Light. It is indoor "daylight" for the dentist in office or laboratory, at all times.

Fluorescent lights are ideal for color matching and color identification. They are 50% cooler than ordinary lights. The Bendick has two 15-watt lights which are equal to two 60-watt ordinary lights.

Bendick Lights are ready to plug into your cluster or any other light socket. Ask your dealer.

**BENDICK COMPANY**

160 ELSIE BUILDING

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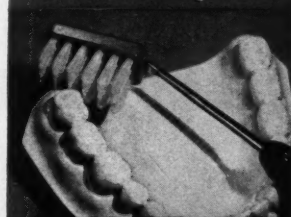
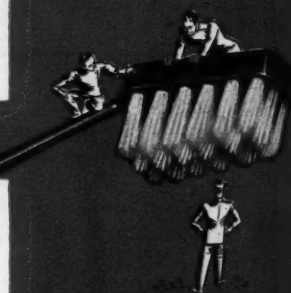
# Have you analyzed the design of the SQUIBB **ANGLE** TOOTHBRUSH



THE Squibb Angle Toothbrush has a thin, sturdy, metal shank, with the brush head bent at the same angle as your dental mirror. Study its unique design and you will see that this brush makes it easy to get at inaccessible places in the mouth—that it is suited to mouths of all types and adaptable to all tooth-brushing techniques.

The Squibb Angle Toothbrush has three rows of high-quality, natural-tufted bristles—six tufts to a row. Two degrees of stiffness—hard and medium. The Squibb Angle Toothbrush is a brush you will like to use yourself—one you will be pleased to recommend to your patients.

The Forgotten Tooth Becomes  
The Remembered Tooth with the  
SQUIBB **ANGLE** TOOTHBRUSH



The "Tooth-Mirror" angle makes it easy to reach behind the buccal molars.



Effective brushing of the lingual aspects of incisors, even if the arch is narrow, is easily accomplished.



Buccal, lingual and occlusal surfaces of posterior teeth present no cleaning problem to the Squibb Angle Toothbrush.

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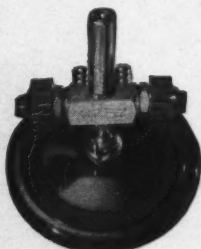
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Either coupon will bring you  
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FEATURES of

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## DENTAL STONE

HARD • QUICK SETTING • BUFF or WHITE

Hardite is a finely powdered material which mixes easily, stacks properly, and sets quickly. It is much harder and stronger than plaster, yet preserves minute detail of the model. It holds denture material to unchanging dimensions, and does not permit any shifting of the teeth during processing. It is easily cut away from the finished denture.

Send the coupon for samples of Hardite Dental Stone, and information on other Wiggins's products.

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XX IMPRESSION PLASTER . . . . .  
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HARD PLASTER . . . CLOVERLAC . . .  
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Please send me a free sample of Clover Leaf HARDITE, and data on other Clover Leaf Products.

Dr. ....

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# New Prophylaxis Idea Wins Patients' Thanks

*Helps Keep Pumice  
from Spattering  
— Refreshes Mouth*



*After Trial—3 Out of 4  
Dentists Use Teel as  
Binder for Pumice*

**Send for Free Samples  
to Try**

**A**CCORDING to a recent nation-wide survey made by a leading dental journal: once the new liquid dentifrice, Teel, is tried as a binder for pumice in prophylaxis—three out of four dentists continue to use it. Here's why:

**1. Aids in Cleansing**—Teel's new soapless detergent (highly refined sodium alkyl sulphate) assists the action of the brush and pumice in cleansing. Also, Teel's extremely low surface

tension is an aid for penetration in interdental and gingival crevices.

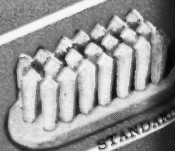
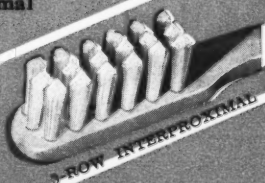
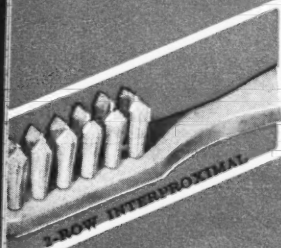
**2. Wins Praise**—Not only do patients almost invariably seem delighted with the clean, refreshed feel of their mouths when Teel is used. But, because Teel is slightly thickened, it helps keep pumice from spattering, thus helps avoid much of the annoying "tickle" when polishing.

Try this new use for Teel at our expense. Write for free samples. Address: Procter & Gamble, P. O. Box 687, Dept. 27, Cincinnati, Ohio.

# Scientifically designed for simplified massage-brushing

1. **SMALL HEAD** easily reaches intermost tooth surfaces.

2. **FULL TUFTS** of base end cut Chungking bristles, trimmed for interproximal massage brushing.



3. **STRAIGHT** Takamine Bamboo handle will not bend.

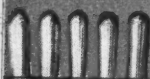
4. **STERILIZABLE** in boiling water.

5. **LOW COST** facilitates frequent renewal.

The design of Takamine toothbrushes is such that the patient need not be required to master a complicated massage-brushing technique. The three professional models illustrated offer a complete choice for the doctor's prescription. Each Takamine model is scientifically designed to the exacting requirements of leading periodontists. For example: The Three-row Interdental is designed to facilitate Dr. Hirschfeld's technique; the Two-

row Interdental type is used for the technique favored by Drs. Charters, Stillman-McCall. The Standard model is designed to the specifications of Dr. Joseph Head.

The use of Takamine Toothbrushes in cases of Trench mouth is particularly important. These are the only toothbrushes that can be sterilized repeatedly in boiling water, without harming the brush.



## TAKAMINE

**TAKAMINE CORPORATION, 132 Front Street, New York City**

Enclosed remittance to cover my order for . . . . . **TAKAMINE Toothbrushes** at professional prices as checked below: *Check bleached or unbleached bristles.*

*For your office dispensation Special prices are:*

. . . . . **STANDARD** at 7c each.

. . . . . **3-Row Interdental** at 9c each.

. . . . . **2-Row Interdental** at 10c each.

☐ **UNBLEACHED BRISTLES**

☐ **BLEACHED BRISTLES**

*If you reside in New York City, please add 2% sales tax*

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**THE LATEST development of the World's Oldest and Largest Manufacturers of Filling Golds exclusively.**

# ENJOY a BIG THRILL!



● A new conception of the pleasure of working Gold Foil awaits you in "M-H" EXTRA PLIABLE Burnish Gold Cylinders, the latest development of the world's oldest and largest manufacturers of Filling Golds exclusively.

Responding instantly to the plugger, they enter undercuts readily, and stay put without

"balling" or "buckling"—enabling you to work with greater speed and better results.

Restorations made with them are uniformly dense, have greater edge-strength, perfect margins—and a most beautiful finish.

*No other Filling Golds are like them!* Order a bottle today to try. You'll be delighted with their marvelous cohesiveness and perfect softness, the moment you start working them.

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**MORGAN, HASTINGS & CO.,** Established 1820  
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Please send, through my dealer, one 1/40-oz. bottle of "M-H" Extra Pliable Burnish Gold Cylinders to try.

Doctor.....

Address.....

Dealer.....

**CHECK HERE** ☐ for a **FREE** copy of a new 20-page booklet on "Essentials of ANNEALING GOLD FOIL."

# RESTORE TISSUE TONE

In Periodontal Disease  
More Rapidly with

# ALUDROX

**C**LINICAL REPORTS show clearly that Aludrox, Wyeth's Alumina Gel, Dental, is a valuable adjunct to instrumentation and prophylaxis in the more rapid restoration of normal tissue tone in the treatment of periodontal disease.

Aludrox removes irritant substances and bacterial toxins from pockets and crevices by adsorption, a purely physical process. It exerts a beneficial astringent action without undesirable vasoconstriction. It is not a chemical antiseptic and cannot erode or damage gingival tissue.

Aludrox is applied undiluted to the periodontal tissue with a swab, toothbrush or digitally. Best results are obtained if the patient uses Aludrox, diluted, as a mouth wash several times daily at home between office visits. Folder giving complete technique of treatment will be gladly supplied on request.

*Supplied in 4-oz. bottles.*



*Periodontal pocket formation  
in lower molar area.*

**JOHN WYETH & BROTHER, INC.**  
*Philadelphia, Pa.*

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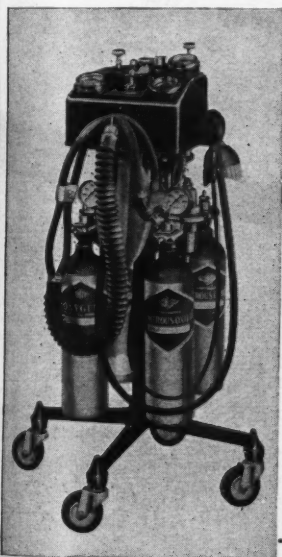
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**"SHUCKS!"**  
**THE KIDS**  
**HAVE GONE BACK TO**  
**SCHOOL!"**



That's **good news** to the dentist who has cultivated the little folks' friendship and confidence during vacation time because he knows that other little folks, and parents too, will soon learn that **he** is the dentist who **DOESN'T** hurt.



You can enjoy the increased practice and income that surely follows when you alleviate fear and pain.

You can change sensitive patients who **hate** to come to you into sensible patients who **like** to come to you with the

## **HEIDBRINK SIMPLEX**

**"THE ULTIMATE IN ANESTHESIA AND ANALGESIA APPARATUS"**

Its smart appearance harmonizes with the most modern office equipment. It is easy to understand, easy to operate and readily adaptable to all the various techniques for Nitrous Oxid-Oxygen anesthesia and for analgesia, including self-administration by the patient.

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BRANCHES IN ALL PRINCIPAL CITIES

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☐ Please send your booklet, "Questions and Answers on Nitrous Oxid Analgesia," together with details on Anesthesia and Analgesia equipment and earning's chart on dental gas machines.

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STATE \_\_\_\_\_

Dental Lab.		6/9/40	#70 - 476.4 dwt.
ations	X	Melting	X
Discasts	0	Preheating	O.K.
Return Cases	2	Spruing	O.K.
		Polishing	O.K.
		Design	O.K.

Cases with thin sections and restricted feed (like horseshoes and full palates) must be cast with the metal hotter than normal. Hold for 8 seconds after melting and before casting. Scrap indicates good melting and preheating.

### Scrap Report

*Specify*  
**THERE IS A TICONIUM**

dw. t.  
O.K.  
O.K.

## **YOUR TICONIUM LABORATORY IS TRAINED TO SERVE YOU BETTER.**

CONSTANT SUPERVISION MAINTAINS THE HIGH  
QUALITY OF TICONIUM PROCESSING.

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To insure sound, dense castings and consistently high physical properties in the finished restoration, new metal is used for each case. The "buttons" or "scrap" are returned for their reclamation value of 40c a pennyweight.

Each lot of Ticonium scrap is examined by our Metallurgical and Technical Department. Errors in the technique as indicated by the condition of the scrap, are noted and the individual laboratory advised of necessary correction.

This continued attention to processing methods results in an unusually high standard of quality in the finished restoration. Only Ticonium maintains this close supervision. It is one of the many reasons why your Ticonium Laboratory can serve you better—technically.

# **TICONIUM**

**413 North Pearl St., Albany, N. Y.**

# **LABORATORY NEAR YOU**

## THE HUMAN NEED FOR IODINE

● Like calcium and iron, iodine is commonly considered as an essential mineral which may be supplied in suboptimal amounts by American diets. Unlike calcium and iron, the human daily requirement for iodine cannot be as closely approximated as can the human needs for those two minerals.

Many researches (2) have established that a deficiency of iodine in food and water may produce a derangement of the thyroid gland known as simple or endemic goiter. The management of this condition, once present, is properly a matter for competent medical attention. However, it is agreed that normally the prevention of endemic goiter is purely a nutritional problem and that control of this disorder can be effected by providing for an adequate daily supply of iodine. It has been suggested (1, 2) that the probable human iodine requirement lies between 0.05 and 0.10 milligram per day, the higher amount being indicated for children and for pregnant and lactating women.

Due to the fact that the foods and water in certain regions—especially the so-called "goiter belt"—are low in iodine content, obviously some means of en-

hancing the iodine intake of persons residing in such localities should be provided. For this purpose, iodized salt has been proven most effective and is commonly favored for use under such circumstances (3). However, the low incidence of endemic goiter in seaboard localities—in which the plant and animal foods are exceptionally high in iodine—suggests the potential value of food sources of iodine.

Under normal circumstances, in goiterous regions, main dependence should be placed on iodized salt as a source of iodine. However, the value of foods high in content of this essential mineral should not be overlooked. As indicated above, foods grown in the coastal areas are exceptionally high in iodine; in addition, fish and marine products from coastal waters are also rich food sources of this element. Consequently, such foods—many of which are available as commercially canned foods—should serve as economical and convenient supplementary sources of iodine. Through intelligent use of iodized salt and the available food sources of iodine, an optimal daily supply of this dietary essential should readily be obtained.

## AMERICAN CAN COMPANY

230 Park Avenue, New York, N. Y.

### REFERENCES

- |  |   |
|--|---|
| <p>(1) 1939. Mineral Metabolism, Alfred T. Shohl, Reinhold, New York, N. Y.</p> <p>(2) 1939. Food &amp; Life, Yearbook of Agriculture, U. S. Dept. of Agriculture,</p> | <p>U. S. Govt. Printing Office, Washington, D. C.</p> <p>(3) 1939. General Decisions, Council on Foods, Amer. Med. Assoc., Chicago.</p> |
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*We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-third in a series, which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.*



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.



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Progress . . . so strikingly revealed in the fast, improved Stratoliner . . . is exemplified in radiographs made with J-D PHOTO-RAY films. Long desired for diagnostic value, sharper black and white contrast now is achieved through special processing of Photo-Ray emulsions. Combined with this outstanding improvement is that of complete sterilization—both exclusive features of J-D PHOTO-RAY films.

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For partial list of J-D dental X-Ray supplies see following page.



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*Specializing in Dental X-Ray Supplies*

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# Sterilized

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Possessing all the advantages of modern X-Ray films, PHOTO-RAY films have the advantage of these additional and exclusive features: Processed to bring out sharper black and white contrast and a new sterilization method found only in Photo-Ray films, insuring the safety of your patient when inserted in the oral cavity. All at no extra cost to you.

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*Give your patients the benefits of the improved and complete J-D line. When ordering, be sure "IT'S A J-D PRODUCT".*

# JORDAN-DUNBAR COMPANY

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# Muscles of Mastication

The musculature of the jaws forms the dynamic key to the development and retention of balanced occlusion . . . so imperative for both oral and systemic health.

Since most malocclusions—says dental science—are induced by muscular incompetence or indolence, all of the masticatory muscles should be systematically exercised as a natural living

orthodontic appliance. A significant tendency toward the realization of a more competent dental pattern may thus be induced.

For this purpose, Dentyne Gum proves the ideal masticatory—with that extra resilience and bolus size required for strong muscle development.

Your patients will welcome a free gift of Dentyne . . . so spicily delicious in flavor—so stimulating to structural development.

Use the convenient coupon to secure a handy packet of samples.

## DENTYNE THE IDEAL MASTICATORY CHEWING GUM



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THE UNIVERSAL DENTAL COMPANY  
*Presents*

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TRADE MARKS REG. U. S. PAT. OFF.

*Five Phase*      *Anteriors*



Five Original Contributions To Prosthetic Science

**CORRECT COLOR DISTRIBUTION**

**VARIED LABIAL SURFACES • EASIER TO SET UP**  
**SCIENTIFIC SIZING • DEPTH, REFRACTION, TRANSLUCENCY**



In introducing these fine teeth, we do so with complete confidence that they offer a perfect solution to many of dentistry's most trying problems.

Veri-Chrome Five Phase Anteriors represent the culmination of years of continuous research, the materialization of the most recent scientific studies in tooth form, size, shape and color. They are distinctively different and superior to any artificial teeth ever offered the dental profession. Visit the Universal Booth at the A. D. A. Convention and see them demonstrated.

### **Write for Veri-Chrome Color Guide**



Look for the trade mark      on lingual of each tooth

**U N I V E R S A L   D E N T A L   C O M P A N Y**

*Manufacturers of the Most Complete Line of Porcelain Teeth*

**48th AND BROWN STREETS • PHILADELPHIA, PA.**



# HALF A HOUSE IS NOT ENOUGH

And an alloy that fails to produce perfect fillings when properly inserted is not enough—for it fails both patient and dentist. Garhart's special processing has been developed to eliminate troublesome filling defects. Each Garhart Alloy fits a needed requirement and affords a more plastic, denser and finer texture. Easy to mix, easy to adapt, Garhart Alloy produces fillings with the least amount of mercury and the highest amount of silver and alloy. Try Garhart Alloys—you'll approve the quality and end the necessity.

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- Garhart Alloys are guaranteed to produce pressure-tight, air-tight fillings when properly inserted.
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# TORIT

## DUST COLLECTORS

OPERATE QUIETLY—

yet they

CREATE STRONG SUCTION



The No. 10 Model illustrated is for 1 or 2 grinding wheels—fits right under benches. Two larger models, for as many as 3 wheels, are also available.

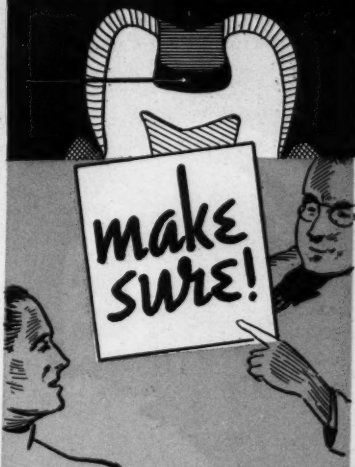
Hundreds of users like TORIT Dust Collectors so well because the **STRONG SUCTION** they create pulls dust from lathe splashers **SO QUIETLY THEY CAN HARDLY BE HEARD**—because they **ELIMINATE A HAZARDOUS, UNPLEASANT CONDITION**, and do it by the **BEST SYSTEM KNOWN TODAY!** Dust that would otherwise get into your lungs and harm your health is pulled into the cabinets, cleaned by filter bags and blown out. Grindings fall into a tray from which gold is salvaged—and these **GOLD SAVINGS PAY FOR THE UNITS**. They are **PORTABLE**—placed wherever convenient nearby grinding wheels—usually right under work benches.

### NEW BULLETIN

We will gladly send, on request, a new bulletin telling all about TORIT Dust Collectors, picturing several installations, etc.—as well as a Catalog No. 13, showing over 100 other items that will interest you.

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## SILV-O-DENT



If a pulp can be saved... Silvo-dent will save it. Silvo-dent is unlike any other Oxy-eugenol silver preparation. It is soothing to the dental pulp and may be placed in direct apposition with the vital pulp for complete inhibition of caries. Silvo-dent positively prevents secondary decay.



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You may send me a copy of your free booklet about Silvodent, Oxy-eugenol silver.

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**SEND COUPON FOR FREE  
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*Partials that fit Comfortably...*



## PLATINUM—PALLADIUM—GOLDS

**RESILIENCY...**The inherent resiliency or "springiness" of platinum-palladium-golds holds partials in comfortable alignment without extreme rigidity which may disturb abutting teeth.

**ADJUSTABILITY...**Ease of manipulating these golds aids in accurate contouring to the model. In many cases, minor

comfort adjustments can be made at the chair.

**STRENGTH...**Of equal importance, dental golds improved with platinum and palladium provide high strength... high strength that permits designs with a minimum of metal, thus providing comfortable, inconspicuous dentures.

*Platinum Metals Division*

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# A Scientific Food-Concentrate

SUPPLYING PROTECTIVE FOOD ELEMENTS  
FOR DENTAL NUTRITION  
AND FOR LIQUID DIET AFTER EXTRACTIONS

FOR years, many dental authorities have recognized the importance of *Ovaltine*. Now, in the light of modern science, *Ovaltine* has been enriched in several vital food elements, to increase its value in 3 separate fields of dental nutrition.

First, as the basis of a liquid or semi-liquid diet following operative work, *new, improved Ovaltine* supplies extra and specialized nourishment in scientifically standardized, concentrated form.

Second, *new, improved Ovaltine* is a rich source of the vitamin-mineral complex essential to dental health. Three servings daily, made with milk according to directions, furnish the entire requirement of Vitamin D, Calcium and Phosphorus.

Third, *new, improved Ovaltine* is also a "building" and strengthening food for under-par patients of all ages. Three servings daily, as

above, also supply from 50% to 100% of the complete requirement of Vitamins A, B<sub>1</sub> and G; Iron and Copper. And equally important, *Ovaltine* furnishes high-quality proteins, quickly absorbable carbohydrates, and emulsified fats.

A request, over your signature, to The Wander Company, Dept. OH-9, 360 North Michigan Avenue, Chicago, Illinois, will bring you a full-size tin of the *new, improved Ovaltine*. Your attention is directed to raw materials used, to the biological assays and analyses on the label.

**2 Kinds**  
PLAIN AND  
CHOCOLATE  
FLAVORED

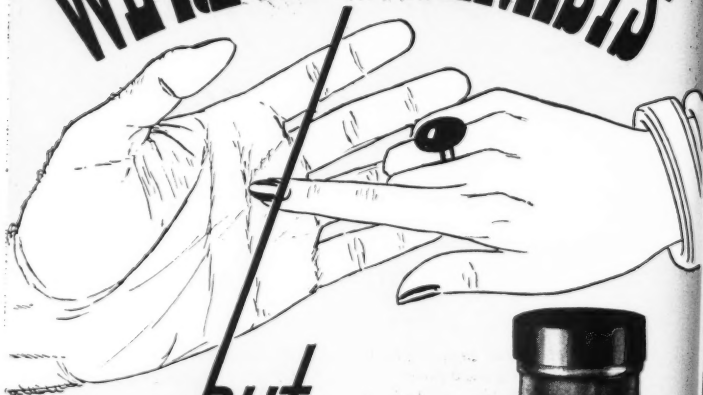


*Ovaltine comes in 2 forms—plain, and sweet Chocolate Flavored. Serving for serving, they are virtually identical in nutritional value.*

NEW,  
IMPROVED

## Ovaltine

# WE'RE NOT PALMISTS



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we are sure that, in your hands, Minimax Alloy No. 178 will produce completely successful amalgam fillings. This DEFINITELY SUPERIOR alloy is fabricated the Minimax way to comply with all alloy specifications . . . not only under carefully controlled laboratory tests but where compliance means most, in the hands of practicing dentists employing every day office technics. You can be absolutely sure of the future of the fillings you make with Minimax Alloy whether the cavity is large or small, easily accessible, or difficult to get at. For lasting satisfaction, buy Minimax the next time you buy alloy, and yours will prove to be a fortunate choice, indeed.

Complies with A.D.A. Specifications No. 1.  
Fillings suitable for alloy-mercury gauges.



#### In 5 oz. BOTTLES

5 ozs.	.....\$1.30 per oz.
10 ozs.	..... 1.40 per oz.
20 ozs.	..... 1.35 per oz.

#### In 1 oz. BOTTLES

1 oz.	.....\$1.60
5 ozs.	..... 1.55 per oz.
10 ozs.	..... 1.45 per oz.

For best results mortars and pestles should be occasionally resurfaced. Over long periods they wear smooth . . . become inefficient. As a convenience Minimax provides FREE with every bottle a handy envelope of Abrasive Resurfacing Powder.

# MINIMAX

The Minimax Co., Medical & Dental Arts Bldg., Chicago





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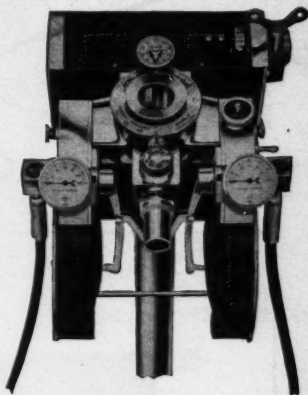


# PREPARATION for a busy fall and winter

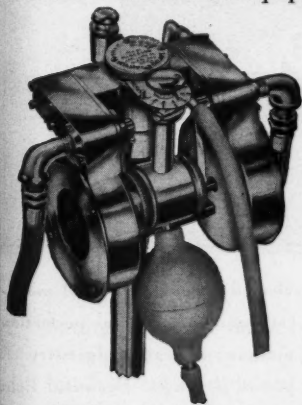
Industrial and general business conditions indicate that dental practices will show a decided improvement this fall and winter. People who have long been deferring much needed dental attention will be doing something about it. Now is the time to prepare to insure a liberal share of this practice by making dental treatment as easy and comfortable as possible for patients.

If you are now using nitrous oxid, now is the time to check on the efficiency of your equipment. Is it operating economically? Is it easy to handle? Does it promote anesthesia promptly and with ease to the patient? The replacement of obsolete or inefficient equipment by a McKesson Nargraf will save you money and operating time.

If you are not now using nitrous oxid, let us tell you what McKesson equipment is doing for other dentists. The Nargraf for both anesthesia and analgesia greatly simplifies the use of nitrous oxid. Its simplified technic and its economical operation have greatly contributed to the constantly growing use of nitrous oxid in dentistry. The Easor, for analgesia only, is designed for the general practitioner who wants an efficient, simple and safeguarded procedure for controlling pain in routine operations. Return the coupon. It will involve no obligations.



*The Nargraf for both Anesthesia and Analgesia*



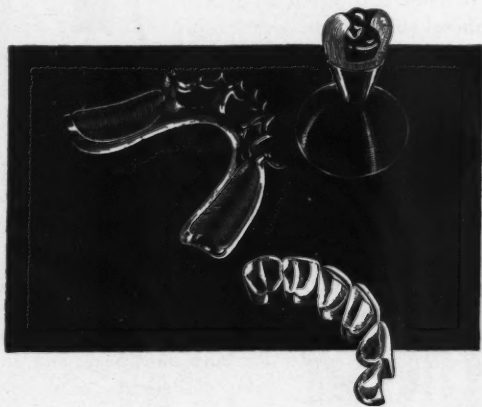
*The Easor for Analgesia*

O.H.9

McKESSON APPLIANCE COMPANY, TOLEDO, OHIO: Please send without obligation complete information on ☐ Nargraf; on ☐ Easor.

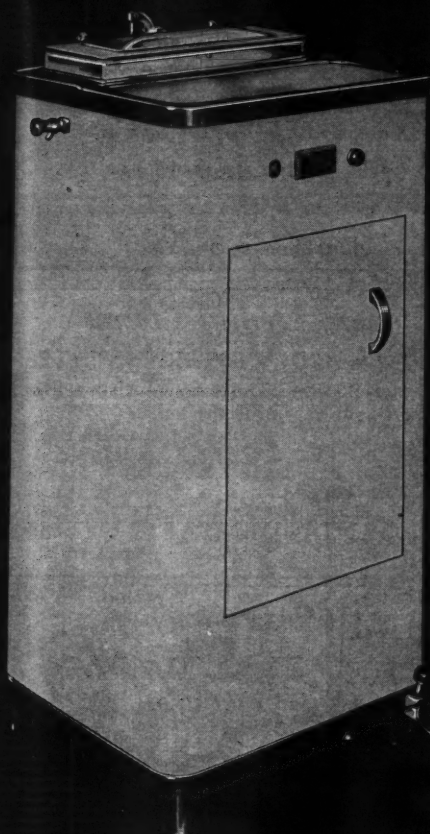
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# THE *Single* STANDARD OF EXCELLENCE



Williams "6" *All-Purpose* casting gold—perfected through years of metallurgical research—brings to *ALL* types of castings the technical perfection and lasting satisfaction so much sought by modern restorative dentistry... Equally ideal for inlays, fixed bridgework, partial dentures. Beautiful light coin color. Reasonably priced. Ask your dealer—or write: Williams Gold Refining Company, Buffalo, N. Y.; Fort Erie, No., Ont.; Havana, Cuba.

WILLIAMS  ALL-PURPOSE  
CASTING GOLD



## Announcing the new **PELTON "77"**



NEWEST OF ALL  
CABINET STERILIZERS



"BRACKET TABLE"  
GLASS TOP



LARGE  
ROUNDED CORNERS



FOOTLIFT WITH FAMOUS  
SLOW-MOTION CLOSING



SOFT, SILENT  
SOLID RUBBER PEDAL

This beautiful new "77" Pelton offers you a combination of splendid features you have never before commanded in any cabinet sterilizer. It fits into less wall space (17½ inches)—harmonizes better with the other details of a well-equipped dental office—is easier to keep clean—creates for you a new standard of convenience, compactness and good looks.

All the famous Pelton features including Sentry Cutoff, the most positive protection against forgetfulness in operation. And back of it all the broad, liberal Pelton guarantee of faithful performance.

Modernize with this beautiful Pelton "77". See it at your dealer's.

Eastern Zone . . \$95.00

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# PELTON STERILIZERS

# LAVORIS

A cleansing, stimulating mouth-wash. Helps promote healing.

Patients gladly use it

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A preparatory course for State Board Examinations. Also a Post Graduate Course embodying all subjects in Dentistry.

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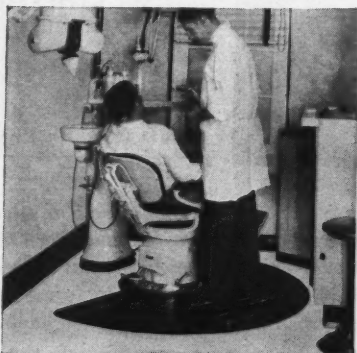
**SOUTHERN CALIFORNIA DENTAL COURSE**

643 S. Olive Street

Los Angeles, Calif.

# Karpex

DENTAL  
MATS...



### THE LEADER FOR MANY YEARS

The name *Karpex* today—as in the past—means the best, at the lowest price, in dental mats. Call on your dental supply house for prices and beautiful color combination samples from which to choose.

KARPEX MFG. CO. — INDIANAPOLIS, IND.

## A Good Stopping!



## Crescent Stopping

4 OZ.  
GLASS JAR  
\$1.

- MADE OF BEST GUTTA PERCHA
- IS NOT MEDICATED
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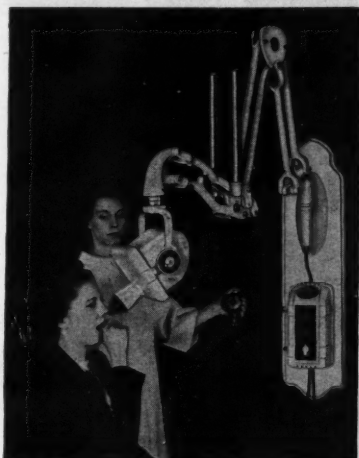
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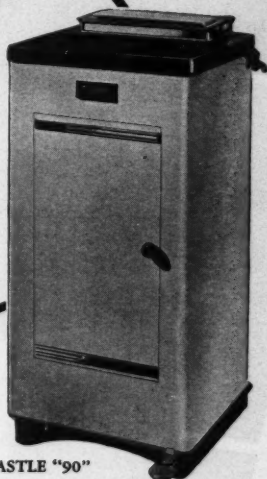
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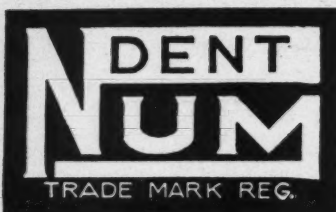
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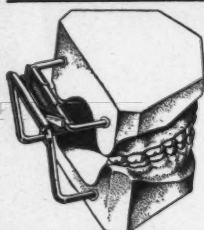
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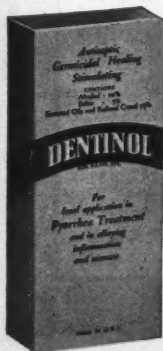
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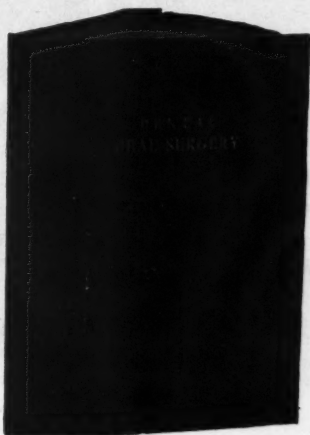
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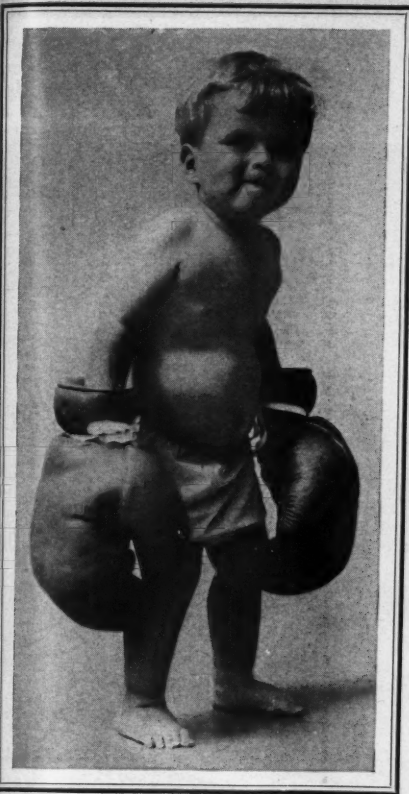
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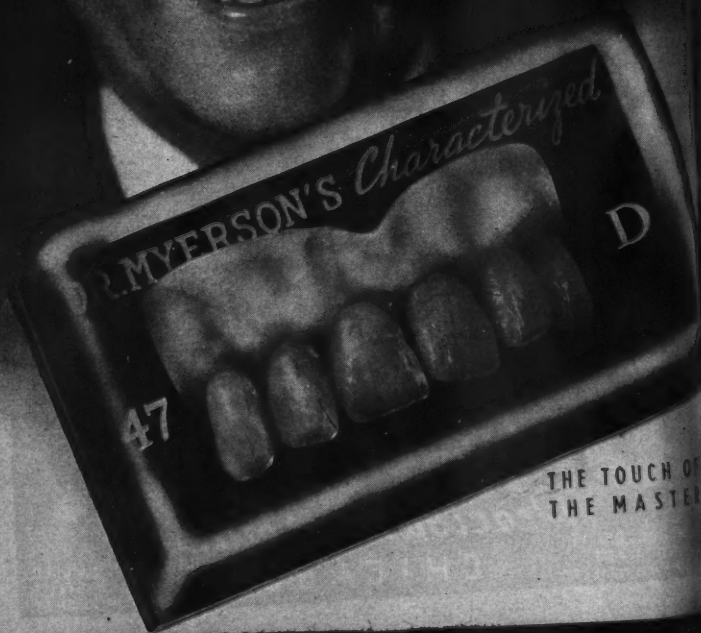
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**DR. MYERSON**

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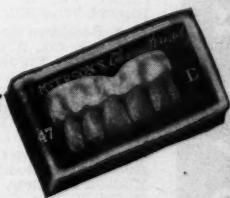
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When all the evidence becomes available, you will discover that Vince serves more effectively your purpose of specific therapy in oral inflammatory conditions than many other measures you may have tried. And Vince will also better serve the needs of the patient as a dental and oral cleanser in the home.

Vince liberates nascent oxygen, but is not a bleach. It cleanses by precipitating mucous plaques, it aids in treatment by inhibiting the growth of pathogenic micro-organisms. Vince is an excellent deodorant.

If you would like to know sodium perborate at its best, ask for a trial supply of Vince. Use it as a powder or paste pack in your office, and prescribe it as a dentifrice and mouthwash for your patient at home. You will have reason to be satisfied with Vince because of its recognized effectiveness, convenience and pleasing flavor.

• VINCE is obtainable in tins of 2, 5 and 16 ounces.



VINCE LABORATORIES, INC. • 117 West 18th Street • New York City

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**A**ll approve POLIDENT for safe brush-  
less cleansing of acrylic resin restorations

To safely prevent mucin-film, stains, tarnish from deadening the beautiful lively color of Crystolex, Lucitone and Vernomite restorations, makers of these products approve daily use of Polident. Take their expert and considered advice. Your patients will delight in the easy way Polident cleans and polishes plates like new—*without brushing*—harmlessly dissolves away discoloration and odors.

FOR SAMPLES write Hudson Products Inc., 220 W. 19th St., New York, N. Y.

\* After being subjected to long-time tests, Polident won positive approval by these outstanding technicians; is one of denture cleansers they accept and approve.